	COD
No.	EOR STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5	REG. NO.	S	6		•	

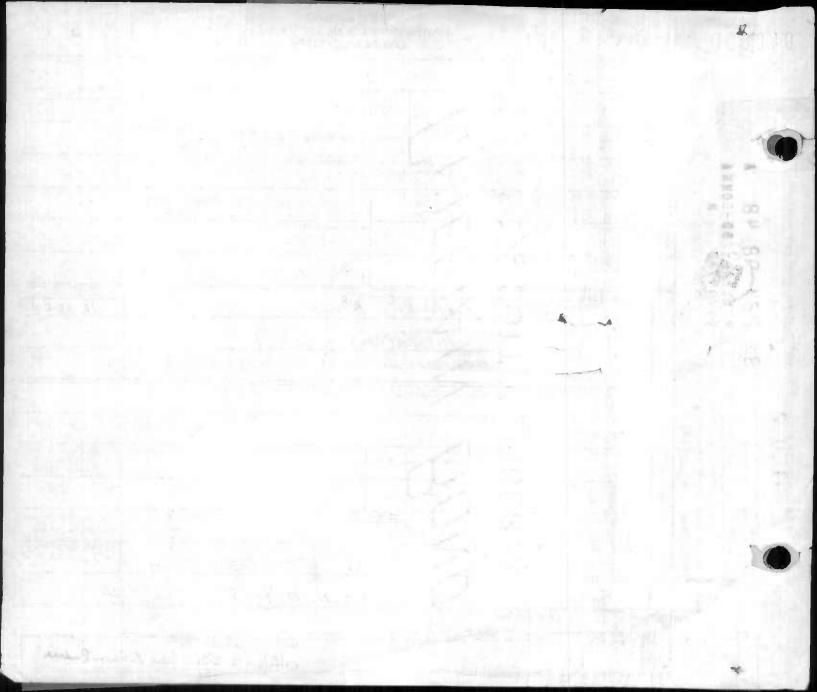
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	y be ge 3 leoth			CEASED NAME FIRST BABY	воч	MIDDLE	OYSTE	AST R	JANUARY 9		YEAR	3;30A M
	rectar po	7.40	3 SEX	MALE	4 RACE BLACK			OF BIRTH 1/09/1987 YEAR	6. AGE (IN YEARS LAST BIR	THDAY) F UN	DER I YEAR	HOURS AND 38
100	unerol dii	35		RTHPLACE (STATE OR FOREIGN	U	SA	WIDOW		9. BALTIMORE CITY O BALTIMORE		DEATH CITY	MD
10	A soften	positice 5	BAI	TY OR TOWN OF DEATH LTIMORE	(F THE	JOHNS HO	PKINS	HOSPITAL	120 USUAL OCCUPATI		Ib. KIND OF IDUSTRY	BUSINESS OR
MARYLAND 2120	200 ×	and Isom	13a S	AL RESIDENCE HE NURSING HOLD TATE 138 C	AE ON OTHER INSTITUTION	N GIVE RESIDENCE BEFOR 13c. CITY OR TOW BALTIMO	VN	YES TO NO	130 STREET ADDRESS		21	1202
MARYL	nu 133	X	14. FA	THER'S NAME FIRST	WIDDLE	LAST		DÖNNA	WIDDLE		YSTE	{
BALTIMORE,	PA	- Gran		VAS DECEASED EVER IN U.S	. ARMED FORCES? S. GIVE WAR OR DATES)	16b SOCIAL SECU	JRITY NO.	DONNA ROYSTE	ADDRE R	ABOV		
	th citi instructional disagraphic correspondence of the correspond	ohe event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	DIATE CAUSE 10)_	CARA ?	,, _	AMEST				AATE INTERVAL INSET AND DEATH
W. PRESTON ST	that the deci	r ather traum		Conditions, f ony, which gove rise to immediate couse to stating the underlying couse loss	DUETO	OR AS A CONSEQU		acy				
RDS, 201	equires in signed Then ple into burn	in ury, o	NOI	PART 2 OTHER SIGNIFICA	nt conditions <u>c</u>	CONTRIBUTING TO	<u>DEATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	V PART 110	, a
AL RECORDS,	he low ran. has been the period	Sows any	CERTIFICATION	DATE OF OPERATION	196 CONI	DITION FOR WHICH	OPERATIO	n was performed	YES NO	20b. IF YES, WE IN CERTIFYING YES		
OF VIT		lem 18 sh		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM	FDEATH HOUR A	of Injury A.m. month d P.m.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
IVISION	affending ter this c	rked or 1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN (COUNTY	STATE
	rendin pital ar TOR Af for use a af Health	21 is ma		22a.1 certify that (I) (this has been saw the deceased alive above, (I) (we) (did) (did)	e on JAN	9 19	57.0	nd that in (my) (our) opinion	death occurred on the d	9		hot (I) (we) lost causes stated
1	At DIREC detached ote Dept.	IT If Nem		226. SIGNATURE	40/4	4		DEGREE ATTENDING PHYSICIAN [MEDICAL STA		JAN	9 1987
	TO HOSPIT etoined by TO FUNER should be a	MPORTAN		220 PHYSICIAN'S NAME A	S CAR	ENSEAL		220. ADDRESS 600 N. W. 4	a st. 8	alt n	18.	
	BP	V.		BURIAL, CREMATION, REMO ISPECIFY) CREMATION	VAL 236 DATE 1/9/		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN 600 N. WO		UNIY BALTO	STATE 21

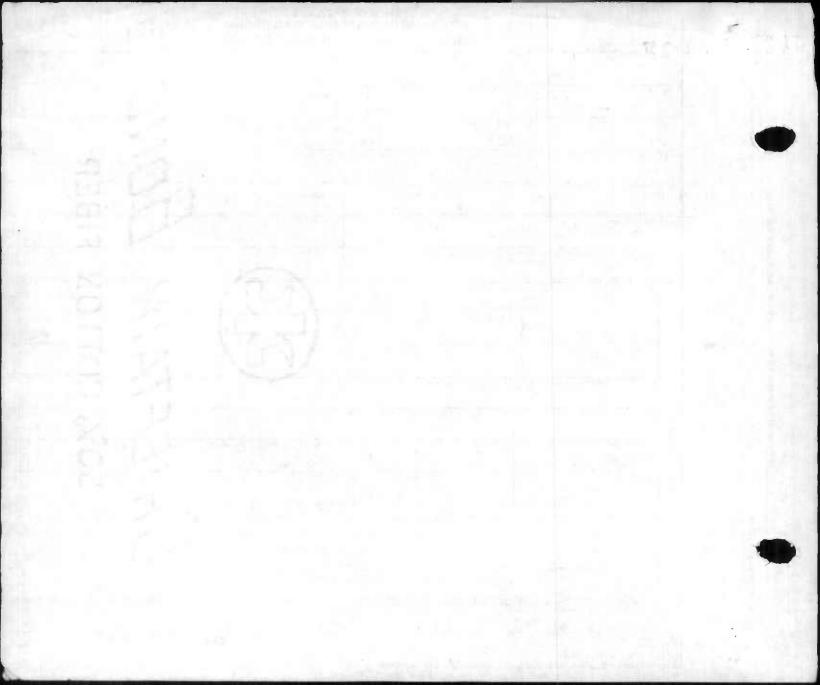
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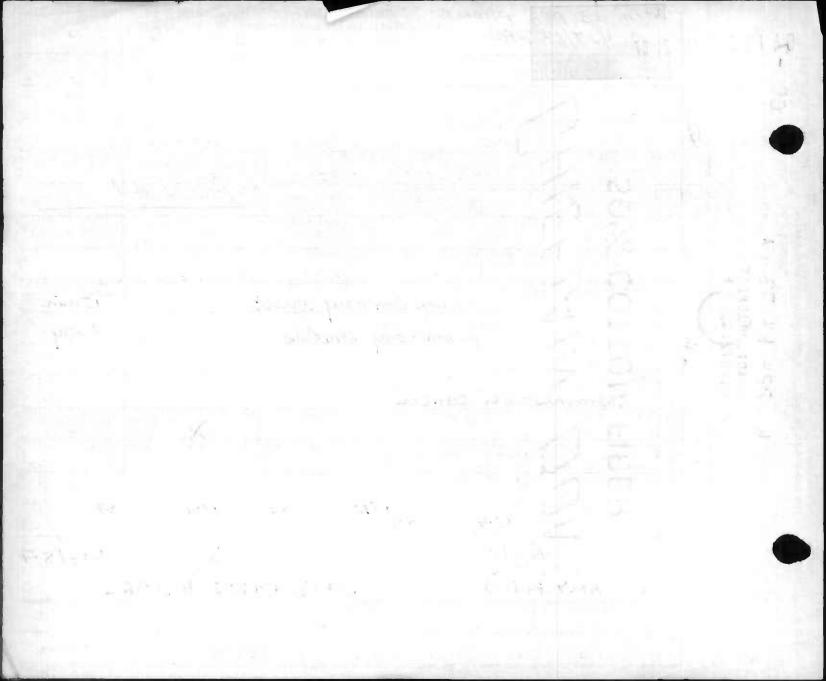
4 FUNERAL DIRECTOR

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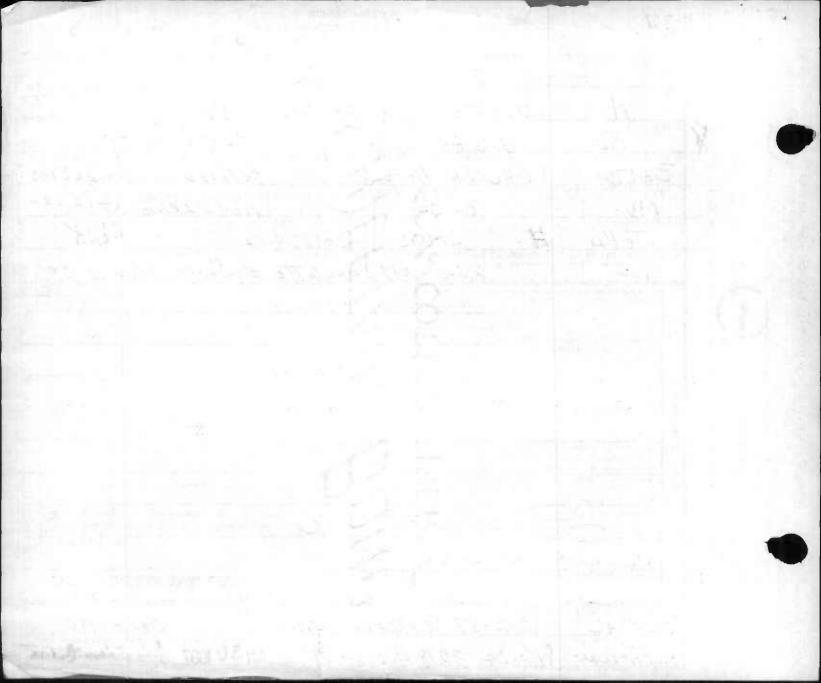
Julia Davidson Rondell 1987







2443 FEB	-	GR STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H	YGIENE Q 7	1 5 6 4
		REGISTRAR	•	CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2h HOUR
nay be poge 3		WILLIA		SACHS OK.	JANUARY 29,19	
	3. SEX	M	RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
8 25	7 01	7	WHILE	1-24-1908	1 NJ	A CONTACT
deoth. Pe		OUNTRY) MD.	U.S.A.	MARRIED NEVER MARRIED !	BALTO. C	-17V MD.
	10. CI	Y OR TOWN OF DEATH	UP NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION DODRESS) OSD.	12a USUAL OCCUPATION (TYP) OF WORK FOR MOST OF WORKING LI	IZE KIND OF BUSINESS OR INDUSTRY
24 hours	USUA 130. S	L RESIDENCE (IF NURSING HOME OF C	THER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)	13e.STREET ADDRESS / ZIP COD	2177V
within	14. FA	THER'S NAME	TOPE US	15. MOTHER'S MAIDEN	NAME MIDDLE	MIN
Pe de la company	14 14	JOHN X	· 0/40/	43 VOSEDI	ADDRESS	1/0/0/1
n and Pages		(AS DECEASED EVER IN U.S. ARA ES, HOORSHIKHOWN) (IF YES GIVE	WAR OR DATES) 2/2-07-	1087 CHARLOTT	E E. SACHS SI	PME MS 13e
H. S.		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), an BY:	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 de la			CAUSE (0) CARDIOP	ULMONARY ARRES	T	5 MINUTES
			DUE TO, OR AS A CONSEQUE	ENCE OF		
e depth to train troumatic	13	Conditions, if any, which	(b) ANEMIA			1 DAY
	п	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		
d by the lease re- ial, crem		underlying couse last	BONE M	ARROW SUPPRESS	ION	2 WEEKS
ires	7	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIV	VEN IN PART 110
an. hos been sin permit. The permit to one prior to one	CERTIFICATION	SEPSIS, RENAI		PATIC FAILURE, OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	PRIC BLEEDING S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\cap \)
ICIAN: The physicion of	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18	
SICIAI ng pha certific rial-tr lentol I	AL	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DA	19		
G PHYS attending or this of the bur and Me ked or th	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
or of se of the mon			oil) oftended the deceased from_	JANUARY 16 19 8	7 JANUARY 29	19 87 , that (I) (we) last
Pitol Pitol TOR for v		sow the deceased glive an above, (1) (we) (did) (did not	TANIIARY 29 19	87_, and that in (my) (our) opini	on death accurred on the date and had	or and from the couses stated
DIRECTORED DERECTORED TO DE TENTO DE TE		226. SIGNATURE	view me body differ deam.	DEGREE		22c. DATE SIGNED
		Carol S.	Rames	D.O ATTENDING		
HOSPITAL Index by the FUNERAL Index State ORTANT; If		22d. PHYSICIAN'S NAME (TYPE OR	PRINT	1220 ADDRESS	RCH HOSPITAL CO	DEDUBALLUM
TO HOSP etained I		CAROL S. RA	MSEY. D.O.		OADWAY BALTO	MD. 21231
D & F & Y Z	230 B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR		
BP	E	ORIAL	2-2-87 0	AKLAWN CEM.	BA	COUNTY MD STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	H H	NERAL DIRECTOR	KARDA 3218	HUDSO- ST 250. C	JAN 30 1987	TRAR'S SIGNATURE



BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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					STATE	OF MARYL	AND							
1 -	FOR STATE REGISTRAR					CATE OF E	MENTAL HYGI DEATH	IENE 8	REG. NO	0	1 - 4	5 6	5 5	
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. SEX		4.	PACE		S. DATE O	F BIRTH	YEAR	6. AGE (INY	EARS LAST BIRT	HDAY	MONTHS I		HOURS MIN.	-
a BII	RTHPLACE (STATE OR	FOREIGN 7h	CITIZEN OF WHAT O	OUNTRY?	10	38	16	9. BALTIMO	RE CITY O	YRS R COUNTY	OF DEAT	TH .		-
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0. CI	TY OR TOWN OF DE	ATH 11		AL, NURSING	HOME O	R OTHER INS		12a USUAL					BUSINESS OF	mproprieto .
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13a S	RYLAND	136 COUNTY	BA	TIMOR	1	13d INSIDE C	ITY LIMITS?	2600	<u> </u>	ZIP CODE	5+	7	21224	Ŀ
4 FA	THER'S NAME	MID	DIE O.	LAST		15. MOTHER	S MAIDEN NAM	WE	WIDDLE		0	LAST	2	
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	underlying cous		(c)											_
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CERTIFICATION	190 DATE OF OPERA	TION	1%. CONDITION F	OR WHICH O	PERATION	WAS PERFO	RMED	20a AUTO	OPSY?		S, WERE F			-
TIFIC	1-3-87		Obstruct	Tive \	Javna	lice		YES 🗌	NOX		FYING CA	USES O	PEATH?	
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MEDICAL	(IF EITHER, NOTIFY MED	ICAL EXAMINER)	P.M.		19					Vinu.				_
MED	21d. INJURY OCCUR		21e PLACE OF INJU	JRY ORY, OFFICE, FAR	RM, ETC)	211. LOCATION STREET	ON		CITY OR FO	WN	COUN	TY	STATE	
	AT WORK AT WO	ORK -	attended the decea	und from I	2-19		10 8 B	10	1-20	-	10 87	ah	ot (1) (we) las	
	sow the deceas	ed alive on	1-20	19			(our) opinion d	deoth occurre	d on the do	ate and has	or and from			.4
	22b. SIGNATURE	did) (did not) v	new the body ofter de	1 1	[DEGREE					22c. (DATE SI	IGNED	-
	10.	seph	Orinel ?	Jahr			PHYSICIAN [MEDICAL DIRECTOR	STAF		- 1-	20	-87	
	22d. PHYSICIAN'S N	AME ITYPE OR PE	JOSZPH	T MACH	CEL i	22e. ADDRES	S CHURO	СН НО	SPITZ	ÁL C	ORPO	RAT	ION	
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230. E	URIAL, CREMATION	REMOVAL	236. PATE	23. NA	AME OF CI	EMETERY OR	CREMATORY	236. LOCA	ORTOWN	1.	COUNTY		MASKATE	
M	NERAL DIRECTOR		1120101	140	YK	DAKY	-1. 25g. DATE	E REC'D. BY R	EGISTRARI	25b. REGIS	TRAP'S SIC	GNATILI	MD	_
KA	CZOROWS	si Fun	(BRAL HO	mes .	252	5 rie t. 2122	ET JA	N 28	1987	Polis	fond	ا دروما	Hadres	
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		CEASED NAME	FIRST		MIDDLE	1	AST	20 DA1	E OF DEATH		DAY YEAR	26 HOUR
ge 3	(IIIE	Genevi	leve		5.	Sal	fner	J	anuary	20. 1	987	1:00 PM
mo)	3. SE	(4. RACE		5. DATE C			I IN YEARS LAST B		IF UNDER TYEAR	IF UNDER 24 HRS
4 of	I	remale		white		Au	7.18, 1908		78	YRS	MONTHS DATS	HOURS MIN.
2 200		RTHPLACE (STATE OF F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALT	IMORE CITY	OR COUNT	Y OF DEATH	
15 3		ryland		USA		WIDOWE			alto. C	City		MD.
11 60	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12e US	JAL OCCUPAT	TION		OF BUSINESS OR
13 10	Ba	altimore			od Nursino		e		erk	OF WORKING (I		co. City
11-24	13a S	AL RESIDENCE (# MURSI TATE	13b. COU	NOTHER INSTITUTION	130. CITY OR TOWN	ADMISSION)	136 INSIDE CITY LIMIT		EET ADDRESS		E 21	211
11		THER'S NAME	Dai		N Darchio	LE	15 MOTHER'S MAIDER		UZ DEEC	ar Ave	nue	
38	Pa	ul Shaffer	30	MIDDLE	LAST		Mary E.	Vealer	MIDDLE		1.7	AST
	lác V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	reare		imore	N	d 21206
2 1/		Ø.			M220-14-0	0874	Mrs. Betty	Zissi	mos 65	525 Hi	lltop A	venue
by the arthodispose or the condition of		Conditions, if ony, gove rise to imm couse (a), stofing underlying couse	nediote g the	(b)_	R AS A CONSEQUE		0				-	
014	_	PART 2 OTHER SIGN	HEICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	TERMINAL DIS	EASE OR CON	UDITION GIV	VEN IN PART 1	ra .
神を確しる	OIL				<i>f</i>		monta					
Auo smou	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERAŢIO	N WAS PERFORMED	YES	AUTOPSY?	IN CERTIF	S, WERE FIND FYING CAUSE ES []	
ental Hygiem 18 sh	-	710. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DE	HOUR A.	OF INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OC	CURRED (ENT	ER NATURE OF INJ	URY IN ITEM 18 I	PART I OR PART 2)	
os the but th ond M orked or	MEDICAL	21d INJURY OCCURR	K	(AT HOME ST	OF INJURY REET FACTORY OFFICE, FA	NRM ETC)	211 LOCATION STREET		CITY OR	OWN	COUNTY 07	STATE
of Heal		270 I certify that (I) saw the decease above, (I) (by c) (d	d olive on			<u>\$7</u> , or	b 19 19 opi	nion death acc	curred on the c	date and hou	ond from the	that (1) (1) lost couses stated
h the State Dept.		226. PHYSICIAN'S MA	A ITHIS	L U	NAUK	er	ATTENDIN PHYSICIA 22e ADDRESS	NG MEDIC	CAL STA	AFF ICIAN 🗌	22c. DATI	SIGNED 3/87
4 2 2 Y		'3'3 G			Walker,	M.D	3300 N.	Calv	ert St	. Bal	to., N	1d. 2121

DHMH - 16 60M 7/B4

(VRA 15, 4)

330 N. Calvert St Balto., Md

236 BURIAL, CREMATION, REMOVAL 236 DATE

BURIAL

01/24/87 Loudon Park Cemetery 3631 Falls Road

24 PURE GENERAL STREET FUNCTION ADDRESS

ADDRESS

1300 N. Calvert St Balto., Md

236 LOCATION

CITY OF TOWN

COUNTY

ADDRESS

ADDRESS

ADDRESS

STATE

10.6

Marit would are AV80-64-0071, comittee

ADDRESS

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 50M 1/76 (VR A 15 (4)) 24. FUNERAL DIRECTOR

E 1 160 TAL

	STA	TE	OF M	ARYL	AND	
DEPARTMENT	OF	HE	ALTH	AND	MENTAL	HYGIENE

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	DEC	NO	

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	1-3-6	FOR STATE REGISTRAR			DEPAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 / REG. NO.								8
		EASED NAME	FIRST	1	MIDDLE		AST		20 DATE OF DEA		DAY YE	AR 2b	HOUR	1
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	3. SEX			RACE		5. DATE O			6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I		UNDER 2	_
1		M		W		MONTH	13	33	53	YRS.	MONTHS	DAYS H	OURS	MIN.
ì,		RTHPLACE (STATE OR FO	OREIGN 7b.	CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MA	DDIED [9 BALTIMORE CI		Y OF DEAT	Н		
2	1	arvland		U.S.A.		WIDOWE		ORCED	Balti	more ci	ty			MD.
1		TY OF TOWN OF DEA	TH 11		HOSPITAL, NURS		R OTHER INSTIT	UTION	120 USUAL OCCU		12b. KI	ND OF B	USINES	SOR
	_	Baltimore			Medica		ter		Mainter		Cos	meti meti	isan	o.kay
1	13a S	L RESIDENCE (IF NURSII TATE Laryland	136 COUNTY		GIVE RESIDENCE BEF 13c. CITY OR TO	WN	13d INSIDE CITY	Y LIMITS?	13e.STREET ADDR	ess/zipcom		2078		
1	14 FA	THER'S NAME	M-IO		LAST		15. MOTHER'S		NE .					
1		Frank	_	ouis	Sanso	ne. Sr		ssie	L.	DIE	Bea	dles		
2		AS DECEASED EVER I	N U.S. ARME		166 SOCIAL SE		17. INFORMAN			DDRESS		0782		
p2)		NO	(IF TES, GIVE W	AR OR DATES)	214-30	-4932	Lillia	n Bert	ha Sanso	ne 3404				Apt.
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	0	ne	you	anchi	of he	farci	Low	To	each	And the second second	Total			
1	CERTIFICATION	19a DATE OF OPERAT	10h	196 COND	ITION FOR WHI	H OPERATIO	N WAS PERFOR!	MED	YES NO	IN CERT	ES, WERE F IFYING CA YES []	USES OF		12
1		210. ACCIDENT WAS UNDO	AUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH	DAY YEAR	21¢. HOW INJU	JRY OCCURR	ED (ENTER NATURE C	DF INJURY IN ITEM 18	PART T OR PAI	RT 2)		
	MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK	LE 🗍	21e PLACE	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET		CITY	ORTOWN	COUN	īΥ	517	ATE
		220. certify that (1) saw the decease above (1) (1)		11-0	1 1-1	, an		ur) apinian d	eath accurred on	the date and ho			ses stat	e) ast led
		22b. SIGNATURE	tot	Cest	NE		PH	TENDING TYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [22c. [DATE SIC	SNED	
		22d. PHYSICIAN	W.RE	FIZ	MID		6/1	5. G	4AS 81	BA	LT8.	MD	21	>3
	23a B	URIAL, CREMATION,	REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CR	EMATORY	23d LOCATION					

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After

MPORTANT: If He

(VRA 15, 4)

2/4/87 Burial

Holy Redeemer Cemeter

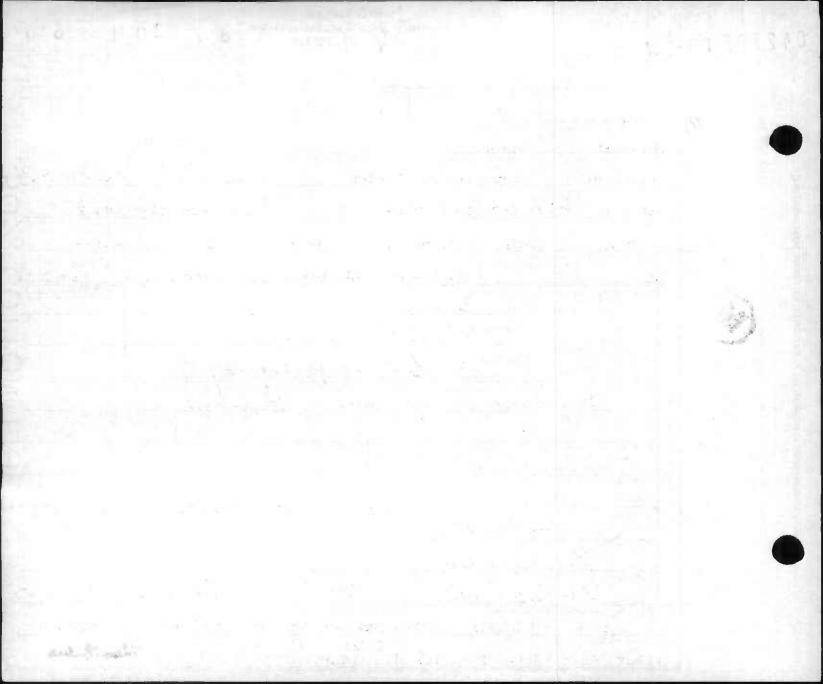
Baltimore

Maryland

24 FUNERAL DIRECTOR

FUNERAL DIRECTOR
NAME
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE



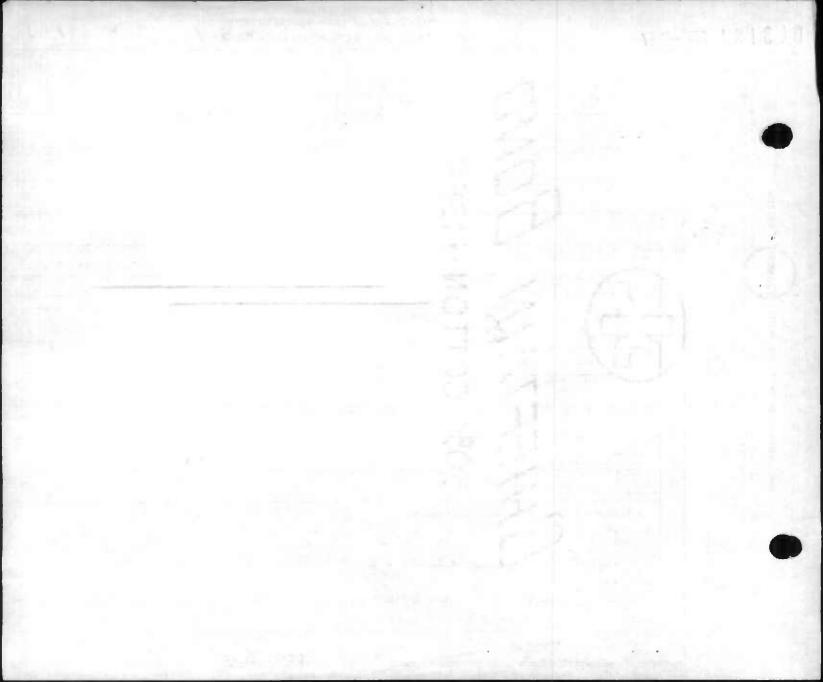
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

01569

-		REGISTRAR							0 /	REG. NO.	0		779			
1		ORPRINT	FIRST		MIDDLE	t	AST		20. DATE OF DE	ATH MON	TH DA	AY _a YEAR	26 HOUR			
1	11.00	OR PRINTS	MAR	Y	ELLEN		SAUERWALD			- 1	13	87	8:00 AM			
١	3 SEX	(4 RACE		5 DATE C			6. AGE (IN YEARS	LAST BIRTHDAY		ONTHS DATE				
4		FEMAL	E	WHI	ΓE	MONTH 2	1 . DAY	29	57		YRS.	DATS DATS	HOURS MIN.			
9	Ja-HH	THPLACE (STATE	OR FOREIGN	75 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER MAR	PIED	9. BALTIMORE			OF DEATH				
4	Street, Co.	laryland		U.S	.A.	WIDOWE			BALTIN	LONE	Citi	9	MD.			
-	# CI	TY OR TOWN OF	DEATH	11. NAME OF			OR OTHER INSTITU	TION	120 USUAL OC		BY INC. LEEL	126 KIND OF BUSINESS OR				
7	2	BILLY MO	re /	586		1 ADDRESS)			Secreta		,	MVA				
9	JA	L RESIDENCE (IF)	URSING OME	OR OTHER INSTITUTION	13c CITY OR TO	RE ADMISSION)	1 13d. INSIDE CITY I	I IMITS?	13e STREET ADI	DESS / 71E	CODE					
7		Maryland		A.A.	Glen Bu			10	1 Magn	- 4 '		2106	1			
2	JEY A	THER'S NAME		WIDDLE	LAST		15 MOTHER'S MA			AIDDLE						
4	1	Willia	ım	Harold	Sin	ns	Tere		Mar			Crott				
5		VAS DECEASED EN		ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT			ADDRESS						
	Y IV	NO	(IF YES,	CIVE WAR ON DATES!	219-22-	-9303	Robert	F. Sa	uerwald	1 Mag	qnol	ia Ave	. 21061			
		18 CAUSE OF DE	ATH (Enter	only one couse pe	r line for (a), (b), a	nd (c).)						APPROX	IMATE INTERVAL ONSET AND DEATH			
1		PART I. DE ATI		ISED BY: IATE CAUSE (0)	CA	RATAP	LMONARY	ARE	EST							
ı			in the D		DR AS A CONSEQU											
		Conditions, if a	ony, which	(6)	METASTI		OVARTA	an a	ARCIA	OMA.						
1		gove rise to	immediate	DUETO	DR AS A CONSEQU											
1		underlying co		(6)	OR AS A CONSEQUE	JEINEE OI										
4		PART 2 OTHER S	IGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE O	RCONDITIC	ON GIVE	N IN PART 1	0			
	ő															
	CERTIFICATION	190 DATE OF OPE	RATION	19b. CONE	ITION FOR WHICH	H OPERATIO	N WAS PERFORME	D	200 AUTOPS	Y? 20b		WERE FINDS				
	E						The same		YES N	10 🗆	YES		NO 🗆			
		210. ACCIDENT WAS			of Injury .m. month [DAY YEAR	21c. HOW INJUR	Y OCCURRE	ED (ENTER NATUR	E OF INJURY IN I	TEM 1B PAR	RT OR PART 2)				
	CAL	(IF EITHER NOTIFY	hame?	DEATH	.M.	19										
۱	MEDICAL	21d. INJURY OCC	URRED		OF INJURY	FARM FIC)	211 LOCATION		C	ITY OR TOWN		COUNTY	STATE			
1	, 2		WORK				/					-3/4				
Н					he deceosed from.		73, 1	9 36	to	1/13		987	that (I) wellost			
1		saw the dec	eosed alive e) (did)(did	not) view the bod	v ofter death.	57,0	nd that in (my) (our	opinion d	eoth occurred o	n the dote o	nd hour	ond from the	couses stated			
1	13	226. SIGNATURE	00	-0 4 1	0		DEGREE					22c DATE	1			
		U	pu	002 M	D		PHY	NDING SICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	4	1/13	187			
Ì		224 PHYSICIAN'S	NAME ITYP				22e ADDRESS									
		DASIC	- t	CHRY	ssos n	(1)	586	1+								
	23a B	URIAL, CREMATIC	ON, REMOV	AL 236 DATE	23¢	NAME OF C	EMETERY OR CREA	MATORY	23d LOCATIO			COUNTY	STATE			
			rial	1/17	/87	Glen H	aven Mem.	Pk.		Burnie	ę	A.A.	Marylan			
		INERAL DIRECTOR			ADDRESS		21229	250. DATE	REC'D BY REG			Dept 8	TURE			
	Hu	ubbard Fu	neral	Home, I	nc. 4107	Wilke	ns Ave.	JAN	1 6 198	31 8	ilea d	Deviden	Kindage			
- 4																

DHMH - 16 60M 7/B4 (VRA 15, 4)

	•	I	tem 18a. FOR Gbi		27, by	Med.			MENT OF				YGIENI					The state of	
043	191 FEB	15	REGISTRAR	•					EXAMI				- 1	2 2	REG. N	Q	1 :	5 /	0
		1. DE	CEASED NAM	E	FIRST			MIDDLE			LAST		2	DATE P		-			26 HOUR
	PLEASE BECTOR R FILES HOURS STREET				Howar						aunder				MATED			/19 8	M
+	\$2868 /		ale	bla		5. DATE C	22	1934			NDER 1 YR.	HOURS		RONOUN DEAD	CED	MONT	/ 31	/19 8	11.019
	NAME OF THE PERSON	7a. B	PREIGN COUNTRY)	TATE OR		U S		HAT COU	NTRY?		RIED X NE	VER MARRI	ED L	Baltime Ba	ore city ltimo	-			MD
8	E HALL	10. €	ny or town Baltin		H	(IF NOT	IN SUCH FA	SPITAL, NL ACILITY, GIVE 398 A	JRSING HOA	AE, OR OTI	HER INSTITU	TION	Dis	AL OCCUP	ATION (T		к 12b К		USINESS
21201	ANY DE. AND 3 TO RETAIN 1 POULD BE RECORDS	₩\$U, 13a. S	AL RESIDENCE	(IF IN NURS	ING HOME OF	OTHER INST	ITUTION, GI	IVE RESIDENC	Y OR TOWN		13d INSUDE (NO [13° 186	ELADDRES	ggs A	venu	e 21	217	
RE. MD.	# 25 00 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	14. F	Lim	Ē		WIDDIE		Saun	ders		15 MOTH E1i	ER'S MAIDE zabetl	NNAME		DDIE			ffin	
-	S ATTA S ATTA WITH FORM PAGES IN DIVISION O	16a V	VAS DECEASE ES, NO OR UNKNO	D EVER II	U.S. ARM				CIAL SECUR		Jean	Saun	ders	4125	ADDRES Sun				y Moun N.C.
OF VITAL RECORDS, 201 W. PRESTON	THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HC, WARRING THE WORD "PENDING" IN PENCIL IN ITEM 16 WARRED TO THE CHEIF MEDICAL EXAMINER ALONG YAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMITATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	CERTIFICATION	gove ri	ns, if ar ise to i) stating to use lost. IGNIFICANT OSCI	eroti	ontributing C Ca.	E TO, OR E TO, OR G TO DEATH	AS A COI ONTINE AS A COI BUT NOT REL VASCU		OF OF MINAL DISEA LSEASE RATION V	ith sec	n GIVEN IN PAIR DEUTE	intra	cerebe	llar i	Fatt	y Li	.ver	
DIVISION O	AMMER: THIS CERTIFICATE, WRITING THE SET FORWARDED TO THE STATE DEPARTMENT THE STATE DEPARTME	MEDICALO	UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK	NOT V AT WO	HILE DRK	EATH 21e	P.M. PLACE C STREET, FACT	N. OF INJURY TORY, FARM,	ove, held an	211 LC	DCATION STREET	Inspection	,,	Inquiry	/N		COUNTY		STATE
07/84	TO MEDICAL EXAMINER: THIS CEI PAGE 4 SIGOLIO BI PORWARDED TO FUNETAL DIRECTOR: PAGE 31 AFTER DEATH WITH THE STATE DE BALTIMORE MARYLAND, 21201 P	23a.B	ACTUAL SIGNATURE EXAMINER'S TYPE OR PRE URIAL, CREMA SPECIFY) Burial	- Marian	MOVAL 23			23ε.	M.D. NAME OF C	EMETERY	ADDRESS_	ORY	11 Pe	enn S		C	NED 2		STATE .C.
25M	DHMH · 17 (VR A15 ME (5))		UNERAL DIREC									250. DATE R	EC'D. BY	REGISTRAF	256. REC	SISTRAR'	C10	T1 140 F	



0525 JAN !		FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	1571
by be ogen		CEASED NAME ROSE	MIDDLE 77E	SDUDGE		NAY YEAR 26 HOUR SEM
ge 4 may ector, por rs ofter d	3. SE	Female.	1. RACE Black	5. DATE OF BIRTH MONTH DAY YEAR 5 2 1894		IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
eral dir. 72 hou	3	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NUMBER MARRIED NORCED NORCED	9 BALTIMORE CITY OR COUNTY Baltimore	OF DEATH OTE MD
(3)	10 C	Ba Himore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	AG HOME OR OTHER INSTITUTION ADDRESS) ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
		AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	12011		13e.STREET ADDRESS / ZIP CODE	1217 Lare N.H
mplet mplet exami	14. F.	SAMUEL SAMUEL	MIDDLE JOHNSON	15 MOTHER'S MAIDEN NA APONIE	ME MIDDLE	LAST
n ongc		NAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES)	JAMES E	Savage 1380	on Chrove, Caffin
physicio in papers imavol.		PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), on ED BY.	dies respected	Even	APPROXMATE INTERVAL BETWEEN ONSET AND DEATH
death cei		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF Vigores	2 in	
by the case remain		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF clevic Com	liesel hus	
equires to signed Then ple	NO		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1:0
The law cion. The has been sit permit giene prio	CERTIFICATION	19a DATE OF OPERATION 12/26/86	Yangur	OPERATION WAS PERFORMED R R R R R R R R R R R R R	200 AUTOPSY? 20b. IF YES IN CERTIF!	WERE FINDINGS USED YING CAUSES OF DEATH?
SICIAN T ng physici certificate nol-transi entol Hygi		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE		AY YEAR 19 21t. HÓW ∳ ÝJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2}
NG PHYS offer this frer this os the bu th and Mi	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	PARM ETC.)	CITY OR TOWN	COUNTY STATE
ATTENDI Ispital or CTOR: A Sfor use of Heal		sow the deceased alive ar above, (1) (we) (did) (did n	nitol) attended the deceased from		death accurred on the date and hour	
TAL OR by the ho RAL DIRE detoched tote Dept		276 SIGNATURE	/ cly clure		MEDICAL STAFF DIRECTOR PHYSICIAN	1/6/8 7
HOSPI bined b buld be th the S		P.E.L.	170 E. CO.	CREY 220. ADDRESS	Y NEDICAL	Conson

DHMH - 16 60M 7/84

73a BURIAL, CREMATION, REMOVAL SPECERY BUTT al 24 FUNERAL DIRECTOR Wm C March F/H West (VRA 15, 4)

4300 Wabash Ave.

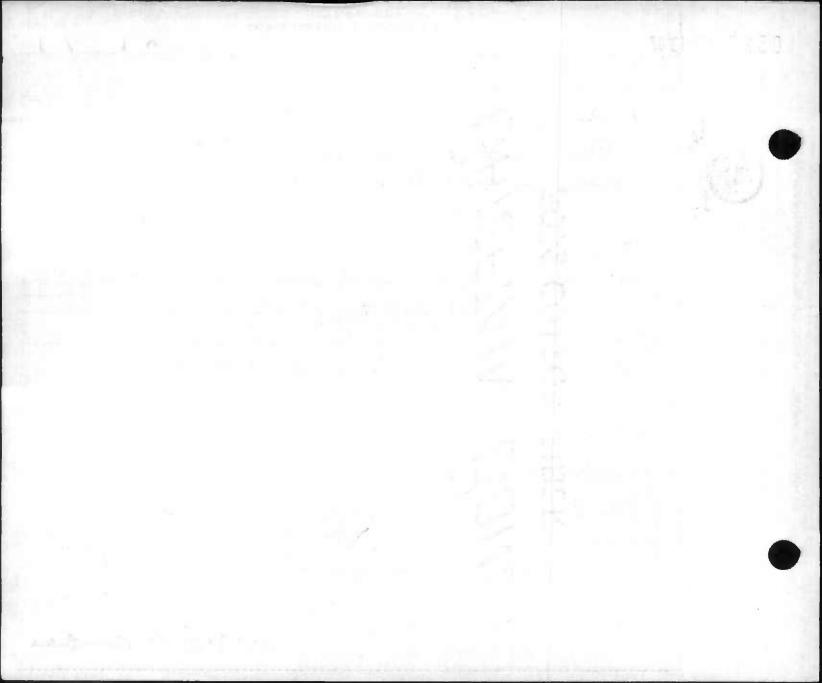
1/13/85

23t NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

Baltimore, Md. COUNTY STATE

250. DATA RETAIN BY EGGS 7 256 JESSTRAY SANATO



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR SJATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 O ! 5 7						
	1. DECEASED NAME (TYPE OR PRINT) AND LE CAROLYN H.	Sch	naefer	20 DATE OF DEATH MON	28 87	26. HOUR 20 P		
	Female Prace White	5. DATE O	P BIRTH	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAY	THE STATE OF THE P		
-	76. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT (COUNTRY) MARYLAND IISA	COUNTRY? 8. MARRIED WIDOWEI	DI NEVER MARRIED DI DIVORCED	9. BALTIMORE CITY OR CO				
-	Battimore Coty Sinal	AL, NURSING HOME O	ROTHER INSTITUTION	BALTIMORI 12ª USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WO ASST. BUYE)	12b KIND ORKING LIFE INDUSTR	OF BUSINESS OR RY HOLESALE		
			13d. INSIDE CITY LIMITS? YES NO X 15. MOTHER'S MAIDEN NA	130. STREET ADDRESS / ZII	P CODE APT	T-1 2/2/5		
	FIRST MIDDLE	URGER	FIRST	WIDDLE	ROTHSCH	HILD		
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SC (16 YES, DIO OR UNKNOWN) (16 YES, GIVE WAR OR DATES)	OCIAL SECURITY NO.	17 INFORMANT F	HARRY SELDTOS CONE CT. BAL'	APT. 21 TO.,MD 212	A		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	CONSEQUENCE OF	MOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN PART	lia .		
2	190 DATE OF OPERATION 196 CONDITION F	OR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 20 IN	Ib. IF YES, WERE FINE I CERTIFYING CAUS YES []	DINGS USED ES OF DEATH?		
	OR CONTRIBUTING CAUSE OF DEATH OF EITHER NOTIFY MEDICAL EXAMINER) P.M. 218. PLACE OF INJU	ONTH DAY YEAR 19 JRY	211 LOCATION STREET	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2	STATE		
	27e.1 certify that (1) (this haspital) attended the deceased saw the deceased alive an obave, (1) (we) (did) (did not) view the body after de	19 87 on	d that in (my) (aur) apinian a	7. to 1/28	, 19	that (I) (we) last		
	22b. SIGNATURE COCK 22d. PHYSICIAN'S NAME (TYPE OR PRINT)	, mo	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	~	128/87		
	230. BURIAL, CREMATION, REMOVAL 23b. DATE SPECERY JAN. 29,19		EMETERY OF CREMATORY A	23d. LOCATION CITY OF TOWN BALTIMOR	RE COUNTY MA	ARYLAND		

DHMH - 16 60M 7/84

morked or Hem 18 shows any injury, or other troumotic event, th

MPORTANT: If Item 21 is

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached far use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mertial Hygiene prior to burial, cremotion, ar removal.

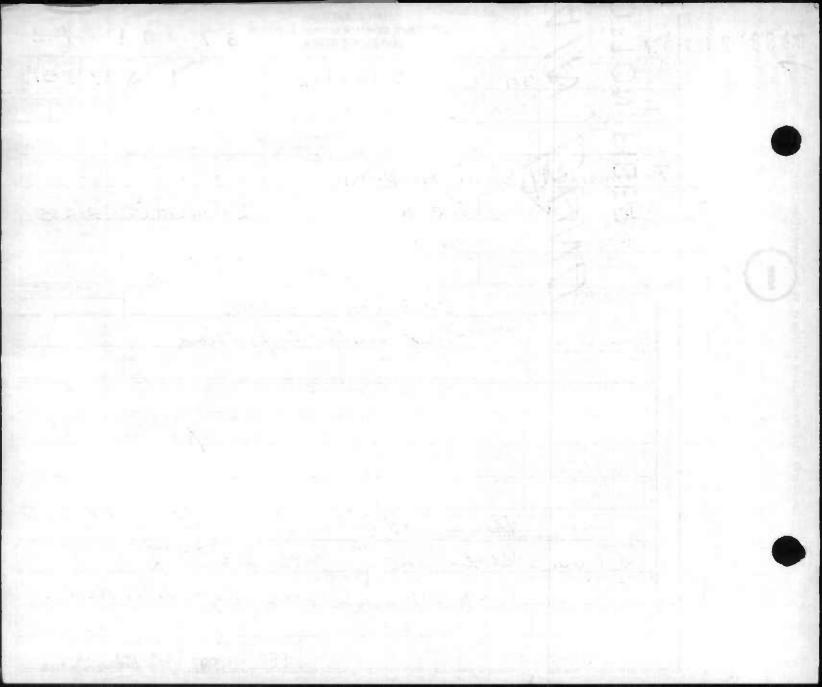
(VRA 15, 4)

BP.

BURIAL 24 FUNERAL DIRECTOR

JAN.29,1987 LEVINSON & BROS.INC. RD. BALTO./ MD 212 6010 REISTERSTOWN RD.

FEB



anding physician and completely filled in by the funeral director. page 3 corbon papers. Pages 1 and 2 should be filed within 72 hours after death , or removal.

E

morked or Item 18 sho

1-87	STATE OF MARYLAND FOR STATE STATE REGISTRAR STATE STATE REGISTRAR STATE STATE REGISTRAR STATE STATE REGISTRAR STATE REGISTRAR STATE STATE REGISTRAR ST										
	CEASED NAME FIRST RUSS	-	PAFF SR.	20 DATE OF DEATH MODEL OF 14	1-87	26 HOUR 655 PM I YEAR OF UNDER 24 MRS					
J. JE	Male	MONTH		70		DAYS HOURS MIN.					
	N.J.	CITIZEN OF WHAT COUNTRY? 8. MARRIET WIDOWE	D DIVORCED	9 BALTIMORE CITY OR BALT	CITY	MD.					
	BALTIMORE	NAME OF HOSPITAL, NURSING HOME OF HOSPITAL HOSPITAL HOSPITAL		120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		EROWherd Ind.					
130	AL RESIDENCE (IF NURSIN HOME OR OTH STATE COUNTY MD		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / 2160 Ci	ZIPCODE	Place Place					
14. F/	Son Dough	5 Schaff	15. MOTHER'S MAIDEN NAM	thy MIDDLE	mi	11er					
		aror pares) 213-09-0167	Ann Scha	A Syl	esville.	Mc.					
	18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B' IMMEDIATE C			0		PPROXIMATE INTERVAL WEEN ONSET AND DEATH					
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.		Il weeks								
NO	PART 2 OTHER SIGNIFICANT CON	nditions <u>contributing to death</u> but	NOT RELATED TO THE TERM	Inal disease or cond	ITION GIVEN IN PA	RY I(o					
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	n was performed	200 AUTOPSY?	20b IF YES, WERE F IN CERTIFYING CA YES [
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PA	RT 2)					
MEDICAL	716 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	N COUN	ITY STATE					
	220.1 certify that (1) (this hospital) sow the deceosed alive on above, (1) (we) (did) (did not) vi	Jan 14 19 87 , on lew the body ofter death.	nd that in (my) (our) opinion o	to							
	D. Bousn		MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI		DATE SIGNED					

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit.

with the State Dept. of Health and Mental Hygiene prior. retained by the haspital ar IMPORTANT: If Item 21 is TO HOSPITAL BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE

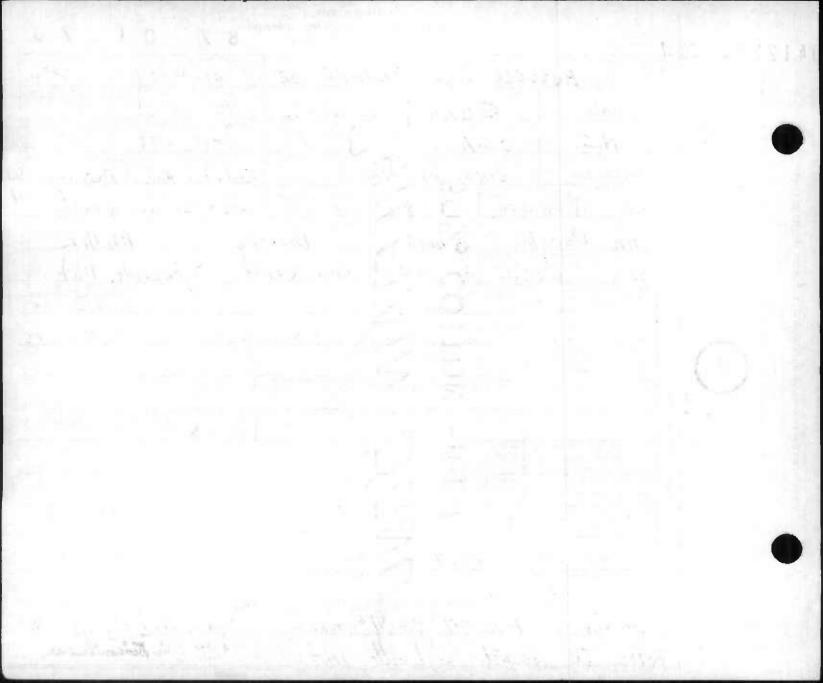
23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

BOERSMA

22e ADDRESS

250. DATE REC'D, BY REGESTIANS SECTION



40888 JAN	6	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 Z _{REG. NO.} C	1574
e The		PECEASED NAME FIRST WILLIAM	n Arthur	Scheihing	20. DATE OF DEATH MONTH,	09 87 NAME OF THE PROPERTY OF
4 may	3. 5		4 RACE	S DATE OF BIRTH MONTH DAY OS 28 /90 /	6. AGE (IN YEARS LAST BIRTHDAY) 85 YRS	
THE BY		COUNTRY	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	Baltimore City OR COUN	
5		Maryland CHYORTOWN OF DEATH Baltimore	USA 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, St. Agnes Ho		126 USUAL OCCUPATION IT YER OF WORK FOR MOST OF WORKING Foreman	126 KIND OF BUSINESS OR
AND 212	3	10.00		N 13d. INSIDE CITY LIMITS? YES NO.	13e.STREET ADDRESS / ZIP CO 649 North Bend	Rd. 21229
	4	John	AIDDLE LAST Scheihi		MIDDLE	Filby
D D D	2 160	WAS DECEASED EVER IN U.S. ARM [YES, NO OR UNKNOWN] (IF YES, GIVE NO	MED FORCES? 166 SOCIAL SECU 212–09–5		ameyer 649 North	Bend Rd. 21229
C. 201 W. PRESTON ST., use that the death certific gred by the ottending ph or please remore correlation bustal, cremotion, or remo ry, or other traumatic even		Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF		GIVEN IN PART I ta
TAL RECORDS The low ricion. ricion. sit permit little grico to show an ricion.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDING PHYSICIAN: The low ratending physicion. After this certificate has been as the burnot-tronsit permit ith and Mental Hygiene prior orked or Item 18 shows an action of them 18 shows an action of the statement of the s	MEDICAL CERT		21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFICE, F.	19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART ?) COUNTY STATE
ATTENDIN spitol or of CTOR: Aft of Health		22a. I certify that (I) (this hospital saw the deceased alive on above, (I) (we) Idid) (did not	823 1/09 193	12. 130 , 19. 80 72 , and that in (my) (aur) opinion	to, to	, 19 22 , that (I) (we) lost rour and from the causes stated
by the has the has the has the has the has the best of		226 SIGNATURE M. NWIV 226 PHYSICIAN'S NAME ITYPE OR	2004(1)	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	0//09/87
TO HOSPITA retoined by TO FUNERA should be di with the Sta	72	MOKHTAR NO	ASIR	ST. AGNES 900 CATON	Ave BACT.	MD 21229.

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR Edward J. Weber F.H. 5311 Edmondson Ave.

23b. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

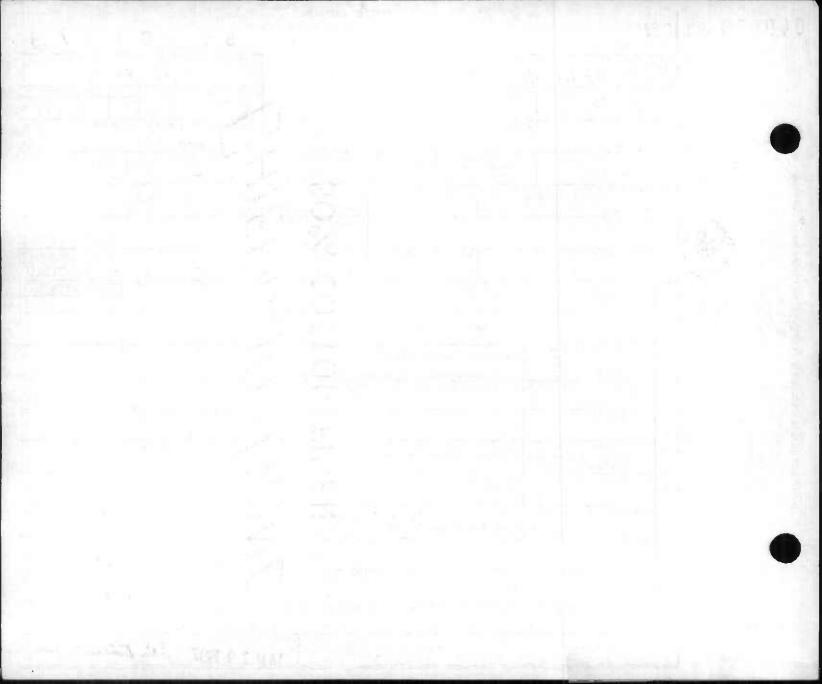
23c NAME OF CEMETERY OR CREMATORY

236 LOCATION

Louden Park Cemetery Baltimore Md.

250 DATE REC'D. BY REGISTRAR' 250 REGISTRAR'S SIGNATURE

PRESS TIME 14 1987 Auto Desert Land



PORTANT. IF M.

BP_

DHMH - 16 60M 7/84

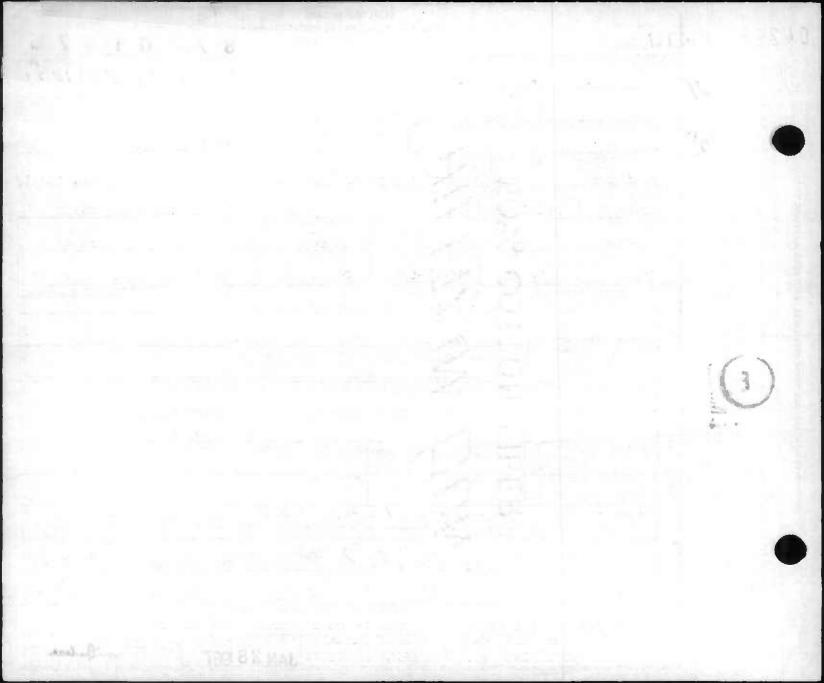
(VRA 15, 4)

042236

STATE OF MARYLAND

DEP	ARTMENT	OF	HEAL	TH	AND	MENTAL	HYGIEN
	CF	RTI	FICE	TF	OF	DEATH	

19	FOR STATE REGISTRAR				REALTH AND MENTAL HYG	IENE 8	REG. NO.	0	1 5	7	13
	ECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF		NTH DA	YEAR	26 HOU	IR An
1	Theodo	re	P	Sche	enning		i	24	87	10.	22
3 5		1 RACE			OF BIRTH /	& AGE INY	FAPS LAST BIRTHD		UNDER 1 YEAR	IF UNDER	24 HRS
	Male	White	F	MONTH	uary 25, 1920	66			ONTHS DAYS	HOURS	MIN.
72	HATHPLACE STATE OR FOREIGN		WHAT COUNTRY? 8.	DI	dary 25, 1520		RE CITY OR C	OUNTY O	OF DEATH		
56	COUNTRY		N		D NEVER MARRIED						
10.0	Maryland CITY OR TOWN OF DEATH	USA III NAME OF		DOWE	DR OTHER INSTITUTION		Ltimore		7 12b. KIND C	SE BLIE INTE	MD.
100	CITTOR TOWN OF DEATH		CHEACILITY, GIVE STREET ADDRI		OK OTHER INSTITUTION		K FOR MOST OF W		INDUSTRY	DE BOZINE	:55 OK
	Baltimore	Franci	is Scott Key	/ Me	edical Center	Ret	ired		Betl	h, St	eel
130	JAL RESIDENCE HE NURSI SHOME C STATE 138 COL	DR OTHER INSTITUTION JNTY	13t. CITY OR TOWN	1551ON)	13d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS / Z	P CODE			
		ltimore	Dundalk		YES NO X	1814	Kinsh	ip Ro	oad 2	1222	
14. F	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	WIDDIE		LAS		
1/	Theodore	WILD TE	Schenning		Martha		MIDDIE			antz	
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY	NO.	17 INFORMANT		ADDRESS				
-	Yes Yes	WW II	216-12-521	12	Constance E	Rehrenc	6 Hi	gan C	4+	212) 27
F	18 CAUSE OF DEATH (Enter of				1 constance i	Jeni ens	0 111	yan c		MATE INTER	RVAL
	PART I. DEATH WAS CAUS	ED BY:		1	1001 / Em	(0,			BETWEEN	ONSET AND	DEATH
	IMMEDIA	ATE CAUSE (a)	(ardiac	1500	1624 (1000)		_		+		
		DUE TO, C	R AS A CONSEQUENCE		ing r	. 40					
	Conditions, if ony, which gove rise to immediate	(b)_	Anterio	V	11/2 20	CHU			+		
	couse (a), stating the	DUE TO, C	R AS A CONSEQUENCE	E OF							
	underlying couse lost. (c)										
l	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OR CONDIT	ONGIVE	N IN PART 1	O	
<u></u> 6											
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH OPE	OR WHICH OPERATION WAS PERFORMED			OPSY? 20	Jb. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?		
E							YES NOT YES			NG CAUSES OF DEATH?	
18	210. ACCIDENT WAS UNDERLYING			VEAD	21c. HOW INJURY OCCURE	RED (ENTERNA	TURE OF INJURY IN	ITEM 18 PAR	T 1 OR PART 21		
1A	OR CONTRIBUTING CAUSE OF D	CAIN .	.M. MONTH DAY	19 19							
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION						
Z	WHILE NOT WHILE AT WORK	JAT HOME, ST	REET, FACTORY, OFFICE, FARM,	ETC)	STREET		CITY OR TOWN		COUNTY	S	STATE
	22 c. I certify that (I) (this has	nital) attended th	no decorred from	1	-24 10 8	7			0	that (I) (s	
		1/0	11	Di	nd that in (my) (our) opinion	depth occurre	d on the date			, ,	
Н	saw the deceased alive a above, (1) (we) (did) (did n 22b. SIGNATURE	at) view the body	ofter death.				o on me dore	5110 11001 0			ned
	200. SIGNATURE	2	-72	1	ATTENDING	MEDICAL	STAFF		22c DATE	SIGNED	1-
	U.	10 los	sex Ill 1	10/	PHYSICIAN [PHYSICIAN	10	1/2	24/	8
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	1			21:	2/2	
	I VV It.	11 as	sey II		7940 12cm	stern	1 HV	Bu	eld P	917	
23a	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAM	E OF C	EMETERY OR CREMATORY	23d LOCA	NOITA				
	Burial	1-17-	-87 Sacr	ced	Heart of Jesu	is E	Baltimo	re Ma	ryland	a s	STATE
24		-Ruck Fu	neral Home	of	Dundalk 250 DAT		EGISTRAR 25h				
	7922	Wise Av	re. Dundall	c. N	MD 21222 IAN	28 10	87	in Des	iden Ra	-less,	,
-				-			UL. G				



322	JAN	-g-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 7 REG. NO	0 1	5	7 6
oy be		(TYPE	William		Schickton Schickton		MONTH DAY	87	26 HOUR
oge 4 mc irector. p		3. SE)	MALE	WHITE	5. DATE OF BIRTH MONTH DAY 12 2 1899	6 AGE (IN YEARS LAST BIRTH	YRS		IF UNDER 24 MRS HOURS MIN.
deoth. P	30	Ma	RTHPLACE (STATE OR FOREIGN OUNTRIAND	7% CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR	Balt	more	City _{MD.}
ours ofter dec			Ba Himo 7	(IF NOT IN SUCH FACILITY, GIVE STREET	more General Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Machinis	WORKING LIFE)	.S. Co	
in 24 hour ly filled in should be f	35	13a. S		R OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136. CITY OR TOW	N 134 INSIDE CITY LIMITS? YES NO KOK	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ZIP CODE	212 La	225 ~ e ,
Smplete	20)	THER'S NAME FIRST	MIDDLE Schick	15. MOTHER'S MAIDEN NA FIRST Antonia	MIDDLE	5.6	Jezel	k
on ond co	2			RMED FORCES? 16b SOCIAL TCU	Helen A. Sch		ame as		
g physici son popel removal.	200		PART I. DEATH WAS CAUSI	nly one cause per line for (o), (b), one ED BY: TE CAUSE (o)	1			APPROXIA BETWEEN O	MATE INTERVAL NSET AND DEATH
deoth o			Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUE					
that the			couse (a), stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUE					
een signe		NOIT	PART 2. OTHER SIGNIFICANT ARE 199 DATE OF OPERATION	RF, Bilat.	DEATH BUT NOT RELATED TO THE TERM LOVE JOBE OPERATION WAS PERFORMED	AINAL DISEASE OR COND	ASCU 20b. IF YES, WI	10.	
N: The low ysicion. cate has be ansit permit		CERTIFICATION	21a ACCIDENT WAS UNDERLYING			YES NO	IN CERTIFYING	G CAUSES (OF DEATH?
SICIA og ph gertifi riol-tr	4	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE (1F EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR 19 21f. LOCATION	KED LENTER NATURE OF INJURY	IN ITEM IB PART I	OR PART 2)	
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hospital of her for use for use for use bept. of Her Street for use bept. of Her Street for use the street for use for	2		saw the deceased alive pr	ital) ottended the deceased fram	, and that in (my) (aur) opinion				
A 000 7		H	Mic	Che Ch	ATTENDING PHYSICIAN [MEDICAL STAF		1/2	-/86
etained by the FUNERAL Should be defined by the State with the State AND PLANT.			OH	on rout]		Hamour S	+. R	14. m.	<i>o</i>

23c. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

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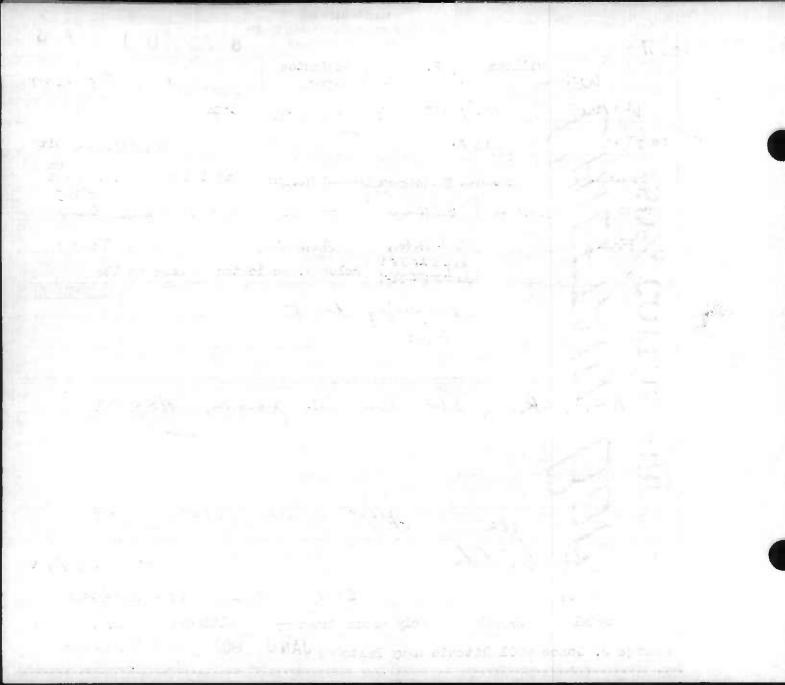
23a. BURIAL, CREMATION, REMOVAL Burial

George J. Gonce 4001 Ritchies Hgwy Balto Md JANOS EREC 1987 GISTRAF S SIGNATURE

1/9/87

23d LOCATION
Balttimore A.T.A.

Ma. Ma



STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

04	1922	YAN 2	3 ¹ 8	FOR STATE REGISTRAR				LTH AND MENTAL HY	GIENE 8	REG. NO.	0 1	5 7 7
	be oge 3	deoth	(TYPE	Margaret.	MIDDE	. Sch		hober	20 DATE OF	1/	19/87	15 HOUR - 8:05 AM
	ige 4 moy	ors ofter	3 SE)	FEMALE	Pance	ersten	S. DATE OF I	BIRTH DAY 13 YEAR 13	-	ARS LAST BIRTHDAY	MENTHS BATS	
•	deoth. Po	22 ho		RTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND	76. CITIZEN OF WHA		MARRIED (NEVER MARRIED DIVORCED	-	TIMOR COUR	1 -	/ MD.
	s ofter o	Ited with	10. CI	BALTIMURE		PITAL, NURSING CILITY, GIVE STREET AS		OTHER INSTITUTION A / CMTR.		CCUPATION A FOR MOST OF WORKIN		(
LAND 21201	24 hour	onld by		AL RESIDENCE (IF NURSING NOME OF TATE 136 COL		RESIDENCE BEFORE A	1 13	d. INSIDE CITY LIMITS?	13e.STREET A	DORESS / ZIP CO	DDE RRD.	BALTS 21222
MARYL	ed within	See	14 FA	THER'S NAME FIRST	MIDDLE	JE imil	IER 15	MOTHER'S MAIDEN NA	AME	WIDDIE		MER
BALTIMORE,	n ond de	Poges medical		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G	N/E M/AB OR DARES	SOCIAL SECUR		7. INFORMANT		ADDRESS		
ST., BALT	rtificote b	emovol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	anly ane cause per line SED BY: ATE CAUSE (a)	for (a), (b), and	bae	nic Sho	ck			NONSET AND DEATH
PRESTON	deoth ce	nove corbs lotion, or re troumotic		Conditions, if any, which	DUE TO, OR AS	a consequen	NCE OF	ion Myoce	ardial	Infar	ction G	o4 hours
201 W. PR	that the	L crem other		gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS	HO TO S	NÇE OF	0		ar Dis		
RECORDS, 20	requires en signe	0 5	TION	PART 2 OTHER SIGNIFICANT	, Chron.	ic Reno	TINS	utticiemen,	MXO	farrh	1thmia	S
AL RECO	The low cion. e hos be	rgiene prii	CERTIFICATION	19a DATE OF OPERATION				WAS PERFORMED ()	-	NO NO	YES, WERE FIND RTIFYING CAUSE YES	NO [
DIVISION OF VITAL	SICIAN: T ng physici certificate	tentol Hy	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. ER) P.M.	MONTH DAY	YEAR 19	Ic. HOW INJURY OCCUP	RED (ENTERNAT	URE OF INJURY IN ITEM	18 PART (OR PART 2)	
DIVISIO	NG PHY r offendi	os the bu th and M arked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		FACTORY, OFFICE, FAI	RM, ETC)	II. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	ATTEND sspitol o	d for use of Heol m 21 is m		22a. certify that (I) (this has saw the deceased olive o abave, (I) (we) (did) (did n	n 1/19	19 8		that in (my) (aur) apinion	death accurred	an the date and		
	TAL OR y the ho	detacher tote Depi		22b. SIGNATURE DU	in &	Tons	N		MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DAT	19 87
	HOSPIT bined by	th the Ste		Brian	LITT	, MD	2	True (6	oth ma	re, Mo	dical 1	auten

DHMH - 16 60M 7/84

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(VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as th with the State Dept of Health an

IMPORTANT: If Item 21

230 BURIAL, CREMATION, REMOVAL 23b. DATE 1/22/87 Burial

23c NAME OF CEMETERY OR CREMATORY

Oak Lawn

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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1 23d. LOCATION

Walter Dabrowski - 1005 Dundalk Avenue 21224

STATE

TOTAL COMPANY OF THE STATE OF T

42178	JAN 2	91 8	STATE Florence	ce G. Schmid PART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. N	0 !	5 / 8
toy be poge 3				MIDDLE NCE 4. RACE	SCHMINT S. DATE OF BIRTH	20. DATE OF DEATH	MONTH DAY YEAR 1 / 2 1 / 8 7 ATHORY) IF UNDER 1 YE	7 4:25 pm
Page 4 m	8		Pemale	white 76. CITIZEN OF WHAT COUNTRY	MONTH DAY YEAR / 22/19/2	74	YRS. PA	HOURS MIN.
after death	25	-	Maryland ITY OR TOWN OF DEATH RALT TMORE	11. NAME OF HOSPITAL, NURSII	WIDOWED DIVORCED ON THE DIVORCED ON THE PROPERTY OF THE PROPER	Baltimes 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST	ION 126 KINI	D OF BUSINESS OR
AND 2120 in 24 hours filled in by hypold be fill	超	130 S	ayland Bal	OTHER INSTITUTION GIVE RESIDENCE BEFOR ITY ISC. CITY OR TOV BALT	YN 13d. INSIDE CITY LIMITS? YES I NO TO		upe	21220
E MARYI cured with completed	030	2	John T. He	wed forces? 166 SOCIAL SEC	15. MOTHER'S MAIDEN N Mary E1: URITY NO. 17. INFORMANT	len Hopper	al Suffolk	Last
ALTIMOR to be executed and Poge	12		NO (IF YES, GIV	E WAR OR DATES) $2/6-4$ ly one couse per line for (o), (b), or	3-43 Mathew Joseph		illston, Md	
merica deal certification of the SERical Sphra	dather traumatic event,		PART I. DEATH WAS CAUSE	D BY E CAUSE (0) COME DUE TO, OR AS A CONSEQU	ENCE OF emballan		Feb.	onen king
ORDS, 20	y injuly, o	TION	Hypertension	DVT, Renal	DEATH BUT NOT RELATED TO THE TER			
TALREC The low close the has be	though the	CERTIFICATION	190 DATE OF OPERATION	/	OPERATION WAS PERFORMED	YES NO	206 IF YES, WERE FIN IN CERTIFYING CAUS YES	SES OF DEATH?
ON OF VI	Mentol #	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR 19 21/ LOCATION	(ENISK NATURE OF INJU	RY IN HEM IS PART OR PART	2)
DING PH Br offers th e on the r	marked o	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TO	OWN COUNTY	STATE , that (1) (we) lost
L OR ATTEN The hospital L DIRECTOR.	# Dept. of He		saw the deceased alive an obove, (I) (we) (did) (did not 27b. SIGNATURE	1/24/	27, and that in (my) (our) opinion DEGREE ATTENDING	MEDICAL STA	72c DA	
HOSPITA Barred by O FUNERAL	PORTANT		22d. PHYSICIAN'S NAME (TYPE O SAMER E	2 LAHHAM	PHYSICIAN 120 ADDRESS 5601 LB-0	DIRECTOR PHYSIC	0 0 0	rand

DHMH - 16 60M 7/84 (VRA 15, 4)

Bruzozinski Funeral Home PA 1407 Old Eastern Ave

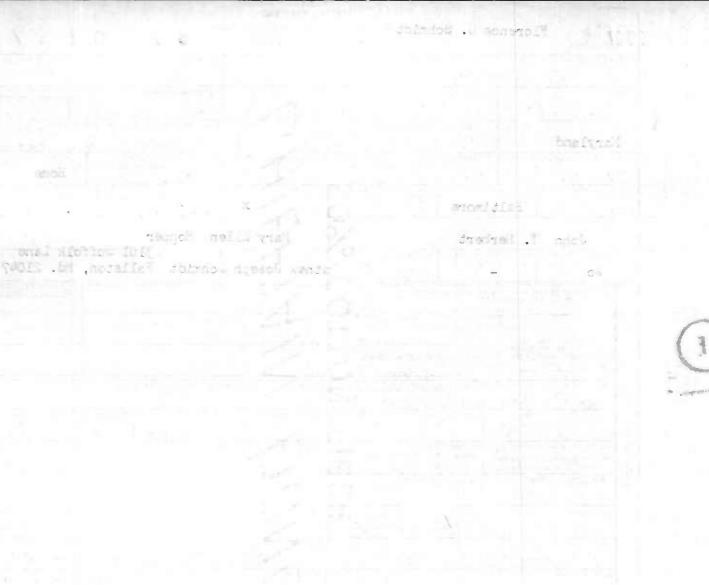
Burial

23t. NAME OF CEMETERY OR CREMATORY
Gardens of Faith 1/24/87

23d LOCATION

Baltimore Co., Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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C 23 4.

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and threat bundral Some FA 1467 Old Laguegn Ave

STATE OF MARYLAND

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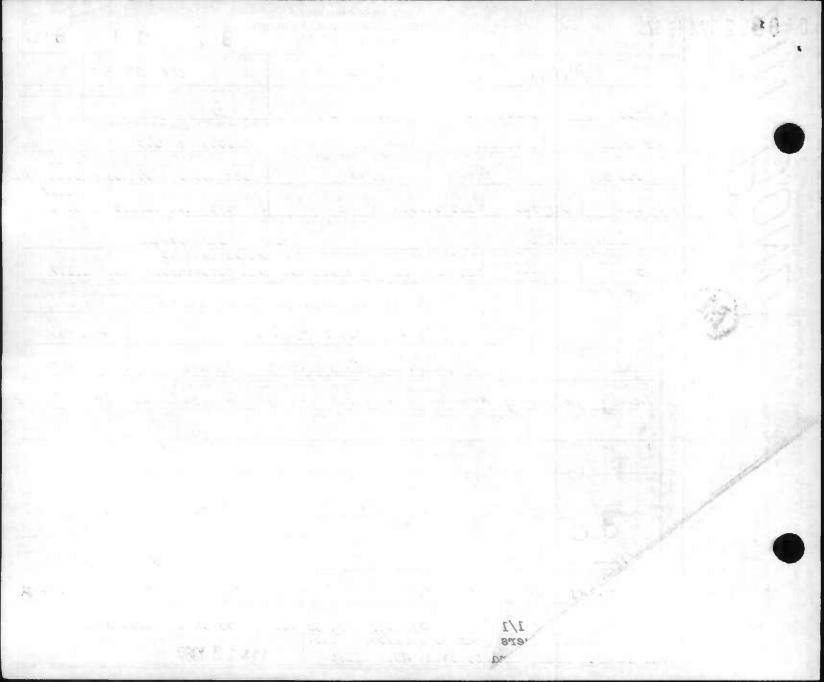
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		OR ORIGINAL	elen	C	Schm	idt	20. DATE OF DEATH	MONTH	3 87	8:4	7 A
	3. SE>	F	4 RAG	White	5. DATE C MONTH		6. AGE (IN YEARS LAS	T SIRTHDAY)	MONTHS DATS	HOURS	
1		RTHPLACE (STATE OR FOR COUNTRY) Maryland		USA	MARRIEI		7 - 7 - 2	_			MD
7		ty or town of DEATH Baltimore	(1	NOT IN SUCHEACILITY,	Agnes Ho	spital	170 USUAL OCCUP (TYPE OF WORK FOR MO Retired	ST OF WORKING	12b. KIND (INDUSTRY)F BUSINE	SS OR
1	130. S Ma	ryland	HOME OR OTHER	13c. CITY	or town timore	13d. INSIDE CITY LIMITS	13e STREET ADDRES	s/zipco mont (DE Circle	21227	7
)	14 FA	THER'S NAME FIRST George P.	Meyer		LAST	15. MOTHER'S MAIDEN Cather	MIDDL	E	Tho	mas	
2		AS DECEASED EVER IN	U.S. ARMED F		IAL SECURITY NO.	17. INFORMANT	AD	DRESS			
		No		213	-76-4371	George Schn	nidt 913 Mor	ton St			
		18 CAUSE OF DEATH PART I. DEATH WAS	MEDIATE CAL		Lovac	Arrest	1:	1.		MATE INTER ONSET AND	DEATH
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	CAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAR (1F EITHER, NOTIFY MEDICAL	JSE OF DEATH	Ib. TIME OF INJURY HOUR A.M. MOI P.M.	NTH DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF I	NJURY IN ITEM 18	8 PART 1 OR PART 2)		
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		22a.1 certify that (1) (the saw the deceased above, (1) (we) (did	alive on .	tended the decease	· 19 86 an	10 - 7 - 19 8 d that in (my) (aur) apin	ian death accurred an the	3 -	,	that (I) (v	
		27b. SIGNIATURE		19		DEGREE ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN []	22¢ DATE	SIGNED	
		DARSHAI	V . S-	SALUT	1A MD	1600 MY	Loy of Au	Bolto	2-12-1	7	
		urial, cremation, re specify) Burial		DATE 1/9/87		emetery or cremator Park Cemeter	CITY OR TOWN		COUNTY	aryla	and
	24 FU A.	NERAL DIRECTOR Alan Seit:	z. Jr.	3818 Rola	and Ave. 2		AN 6 1987	AR 25b. REGI	Tindam .	URE	

DHMH - 16 60M 7/84 (VRA 15, 4)

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42612 FEB	-2	FOR STATE REGISTRAR	DEPARTN	STATE OF MARIENT OF HEALTH CERTIFICATE	AND MENTAL HY	8 REG. N	O. MONTH DAY	YEAR	8 1
page 3		CEASED NAME Edward		Schor			Jan 27		26. HOUR 7 4 M
ige 4, may	3. SE	Male	RACE White		DAY YEAR 9 13	6 AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HRS HOURS MIN.
deoth. Fe		RTHPLACE (STATE OR FOREIGN COUNTRY) Waryland	76. CITIZEN OF WHAT COUNTRY?	WIDOWED	EVER MARRIED DIVORCED	P BALTIMORE CITY C	Baltimo	one C	ity MD.
by the furfilled with		Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	ADDRESS) Trans	RINSTITUTION LIS SCOTT K-CX	TYPE OF WORK FOR MOST		Noustry Vatic	of BUSINESS OR
ly filled in should be	130 3	AL RESIDENCE (IF NURSING HOME OR STATE 136, COUN MARY (CON)	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY Hack CITY OR TOW	more 13d IN:	NO THER'S MAIDEN NA	13ª STREET ADDRESS	ZIP CODE	L 2	7227
on pletel			MIDDLE SCHOOL SCHOOL		May	MIDDLE	Key.	s Rich	MOSSIC
be executed and and and and and and and and and an		WAS DECEASED EVER IN U.S. AR YES, NO GRUNKNOWN) (IF YENGE	MED FORCES? 166 SOCIAL SECU 16 SOCIAL SECU 213-05-0		eresa V.	Schorr 3408			21224
The law requires that the death certificate sicion. State has been signed by the bringing physic matternar. Then please the decide capban pape ygiene prior to buriol, cremotion, or removal. shows any injury, ar other traumatic event, the	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) RESP DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E DEMONDASE 196. CONDITION FOR WHICH CEVELO FA	SULMOMANY INCE OF INCE OF DEATH BUT NOT RE OPERATION WAS	Sombaras LATED TO THE TERM PERFORMED SUS LAGE		20b. IF YES, WI IN CERTIFYING YES	30 IN PART 116 ERE FINDING CAUSES	NGS USED
O HOSPITAL OR ATTENDING PHYSICIAN: The lot et and by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certifications have detached for use as the buriotransit persuant the State Dept. of Health and Mental Hygiene pMPORTANT: If them 21 is marked or item 18 shows	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 71d. IN JURY OCCURRED WHIE NOT WHIE AT WORK NOT WHIE 27a.1 certify that (1) (this hospit	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F. 101) attended the deceosed from (127/9/7) 11) yiew the body after death Min M. No.	ARM, ETC.) 211 LC	DOCATION STREET , 19 In (my) (our) opinion ATTENDING PHYSICIAN [DDRESS	city ORTO to 127/8 death occurred on the d MEDICAL STA DIRECTOR PHYSIC MCGS SCOH K	own 7, 19 ote and hour an	d from the	SIGNED 7/87
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial UNERAL DIRECTOR	236 DATE 236 N	Oak Law	- Lance	23d LOCATION CITYOR TOWN CASTON E REC'D. 8Y REGISTRAR	Balto C	O. Ma	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)			2 & Son Inc. 1901	S. Conkli		N 3 0 1007			4

2220 T_{i-1} THE PROPERTY OF THE PARTY OF TH 040291 JAN

may be

the funeral director, page 3 d within 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

						,
)	REG. NO.	0	1	5	8	4
-	DEATH		145	The second		_

1	- STATE REGISTRAR		0211	CERTIF	ICATE OF DEATH	8 REG. NO	. 0	1 4	5 8 2
	DECEASED NAME FIRST YPE OR PRINT)		MIDOLE		AST		MONTH DAY	YEAR	8:35 AM
	Walter			Schout	en	January 5,	1987		8:35 AM
3. 5	SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	HS DAYS	HOURS MIN.
	Male	White	9	4	12 09	77	YRS		
.7a.	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARRIED	9. BALTIMORE CITY O			
	New Jersey	U.S.		WIDOWE		Baltimor	e Count	y	MD.
10.	CITY OR TOWN OF DEATH	11. NAME OF		IRSING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATIO			OF BUSINESS OR
1	Balto.		HEACHITY, GIVES	are Hos	n	Plating		NDUSTRY Aircr	aft
	UAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION.	GIVE RESIDENCE	BEFORE ADMISSION)		4			
	Md.	alta	Balto		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / 7318 Che		Rd.	21220
14	FATHER'S NAME FIRST	MIODLE	LAST		15. MOTHER'S MAIDEN NA	AME		LAS	51
1	Cornelius	S	chouter	ı	Anji				
160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16h SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE	55		
	No	t was on earty	142-0	05-4322	Mrs. Marle	ene Schouten	- Same		
F	18 CAUSE OF DEATH (Enter or	ly one couse per	line for (a), (b	ol, and text				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	Cardi	opulmona	ary Arrest				
	BAUTE OTA		D AS A CONIS	FOURNIES OF					
	Conditions, if ony, which	1	R AS A CONS	EGUENCE OF					
1	gave rise to immediate	(p)—							
	couse (a), stating the underlying cause last.	DUE TO, O	R AS A CONS	EQUENCE OF					
	PART 2 OTHER SIGNIFICANT	(c)	ONITRIBUTING	TO DEATH BUT	NOT BELATED TO THE TER	ANNAL DISEASE OF CONI	DITIONI CIVENI II	NI DART 1	
Z		CONDITIONS CO	SIVINIBOTING	JIO DEATH BOT	NOT KEENIED TO THE TERM	MINAL DISEASE ON CONT	/// O/ O/ E/ I	VIARI III	
CERTIFICATION	196 DATE OF OPERATION	19b. COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDI	NGS USED
1						YES TO NOT	IN CERTIFYING	G CAUSES	OF DEATH?
- 1	210. ACCIDENT WAS UNDERLYING	7 21b. TIME C	F IN IURY		71r. HOW IN JURY OCCUP	RRED (ENTER NATURE OF INJUR		OR PART 21	NO []
		110110 1		DAY YEAR	THE TIO W WISOKIT OCCOM	TENTER NATURE OF 11930R	THATEM TO PART I	OH FART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		M.	19	211 LOCATION				
AFF	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE (AT HOME, STI	REET FACTORY, OF	FFICE, FARM ETC)	STREET	CITY OR TO	NN	COUNTY	STATE
	AT WORK AT WORK			D	10 00	Tanuani	-	97	
	22a-I certify that ति (this haspi								that de (we) lost
	saw the deceased alive on above, 4) (we) (did) (did no	Januar of) view the body	ofter death.		nd that in (ay) (our) apinion	deoth occurred on the do	te and hour and		
	226. SIGNATURE	11/			DEGREE	MEDICAL STAF		220 DATE	SIGNED
1	1000cm	/las	~		ATTENDING PHYSICIAN			1/5	1/86
7	22d. PHYSICIAN'S NAME (TYPE				22e. ADDRESS			, ,	1007
1	Robert Kas				J	nklin Square	Drive		21237
23	 BURIAL, CREMATION, REMOVAL (SPECIFY) 	23b. DATE		73c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	co	YTAU	STATE
1	Removal	1-5-	87						
24	FUNERAL DIRECTOR		AOOR	RESS		TE REC'D. BY REGISTRAR			
	Anatom	based .		Palto	MD JA	N U & 1900	Julia Da	prougn.	Kandallo

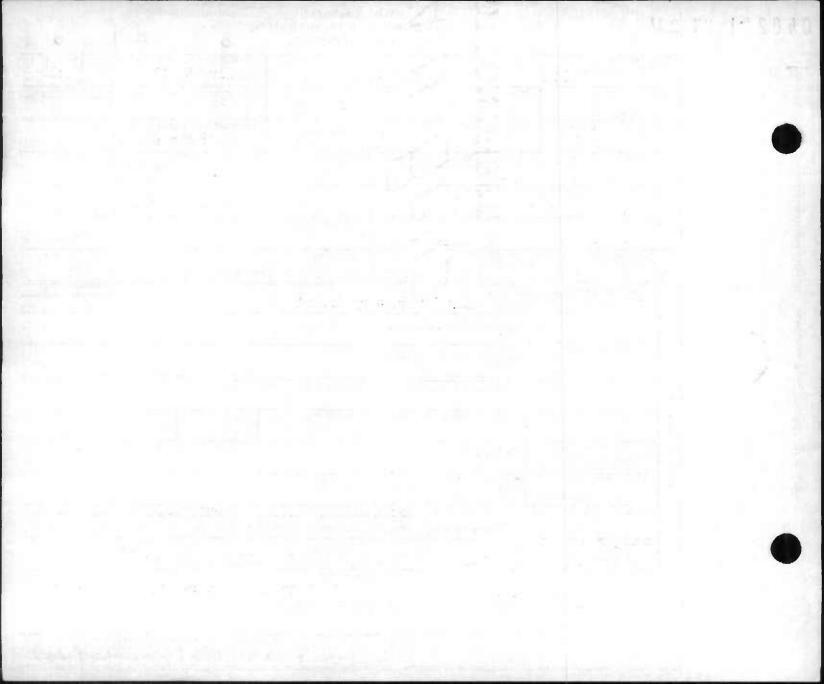
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the unending physical should be detached for use as the buriol-transit permit. Then places remaye carbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, exempation, or remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.



STATE OF MARYLAND

EPARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIEN
CE	RTI	FIC	ATE	OF	DEATH	

3	REG. NO.	0	1	5	8	
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						DIAI	E UT MAKILAND				
0526 JAN	13	FOR STATE			DEPART		EALTH AND MENTAL HY	GIENE		1 6	. 0 .
O E O OM	70	REGISTRAR	_				ICATE OF DEATH	REG.	10.	1 1 -	
m.s		EASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
11 -7		Ne	ellie	G	•	Se	chuh		1 8	8 87	1:08 P
35	1. SEX			4. RACE		5 DATE (6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7		Female		Whi	te	2	23 1897	89	YRS		
ASS.		THPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
AND A	Ba	Ito., Md.		U.	S.A.	WIDOW		Baltimor	e City		M
	10. CI	Y OR TOWN OF DEA	TH				OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST			F BUSINESS OF
PC	B	altimore C	ity	Church	Home-10	1 N. I	Bond St.	Homema	ker	Owr	1 Home
الم الم	JSUA 13a S	L RESIDENCE (IF NURSI	NG HOME OR		GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP COD	F	
B)		Maryland	100		Balto.		YES X NO	101 N.	Bond	St., 2	1231
nine	I4 FA	HER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		1.6	. Y
S O		Edwin	E		Gullick		Sallie	Model		Adam	S
icon		AS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT	ADD	RESS		
medico	(1	No or unknown)	(IF YES, GIV	E WAR OR DATES)	218-14-3	370	Franklin A	ddicks,	Balt	.o., M	D
the state of the s		18 CAUSE OF DEATH	H (Enter on	ly one couse per	line for (a), (b), ar	nd (c).1				BETWEEN	MATE INTERVAL ONSET AND DEATH
ven ven		PART I. DEATH W.		D BY: E CAUSE (a)	ASCVI)					
or re			IMMEDIAT								
e a		Conditions, if ony,	which	(b)	r as a conseou	ENCEOF					
rtro		gave rise to imm	rediote	10)	R AS A CONSEOU	TNCT OF			* * * * * * * * * * * * * * * * * * * *		
othe		underlying cause		(6)	R AS A CONSECU	ENCE OF					
10.7		PART 2. OTHER SIGN	VIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	VDITION GI	VEN IN PART 1	0,
100	Z		nentia								
À	ATI	190 DATE OF OPERAT			ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDI	
	E	NA			NA			YES TO NOTE		FYING CAUSES	NO []
	CERTIFICATION	21a. ACCIDENT WAS UND	ERLYING [F INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	URY IN ITEM 18	PART T OR PART 2)	
Hem 18		OR CONTRIBUTING C		in .	M. MONTH D M.	AY YEAR	NA				
10	MEDICAL	214 INJURY OCCURR		21e. PLACE	OF INJURY		211. LOCATION	CITY OR 1		COUNTY	STATE
X eo	×	WHILE NOT WH	ILE 🗌	(AT HOME, STI	REET, FACTORY, OFFICE,	FARM ETC)	STREET	CITY OR	1	COUNTY	STATE
e a		22a 1 certify that (1)	1	tal) attended th	e dedeased from_	3	14 19 NA	O to	8	19 87	that (I) (we) los
21 is		sow the decease	alive on		1/8 192	87.6	nd that in (my) (our) opinion	death occurred on the	date and ho	ur and from the	Lauses stated
em .		22b. SIGNATURE	lia vala no	1) view the body	after death.		PEGREE	,		22c. DATE	
#		Cu	un	reason	any	1	1.D . ATTENDING	MEDICAL ST.	AFF KIAN []	1.	8-87
S VA		22d. PHYSICIANS NA	ME OM O	d PRINT)			1	St. Paul St.			
ORT		Cora	zon V	ergera S	oares		AGI/NGHIW B	dhi Ritideti	111111	, IVIU.	21210

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Asbury Meth. Ch. 23d. LOCATION Arnold,

Burial 1/10/87 Asbury Meth.

21212

STATE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		1.7	

98	TATE REGISTRAR	1		ICATE OF DEATH	SIENE 8 /		1 3	0
	CEASED NAME FIRST SUSAN	ERMINI.		uLZ	January 2,		DAY YEAR	12:30
3. SE	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	
	Female	White	June	19, 1899 YEAR	87	YRS.	MONTHS DAYS	HOURS
7o. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
5	South Carolina	U.S.A.	WIDOW	**	Baltimor	e City	7	
Ва	altimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, CE Edgewood	N. H.	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemaker	OF WORKING LIFE		OF BUSINES:
130.	AL RESIDENCE (IF NURSING HOME O STATE 136 COU aryland	NTY 13c. CITY	nce before admission) OR TOWN timore	13d. INSIDE CITY LIMITS? YES AO	136 STREET ADDRESS 3939 Rolan	ZIP CODE	21211	
14. F/	ATHER'S NAME Volley Seb		ates	15. MOTHER'S MAIDEN NA E11a	WE		Spie	gner
	WAS DECEASED EVER IN U.S. AI	MED FORCES? 16b. SOC	IAL SECURITY NO.	17. INFORMANT	ADDR			
,	(YES. NO OR UNKNOWN) (IF YES, GI	216-	30-6867	P.R.Mullen 4	206 Roland	Ave. 2	21210	
	Conditions, if ony, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CO	DNSEQUENCE OF	LOCOCCAL				
FICATION	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CO	DNSEQUENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	20b, IF YES	, WERE FIND YING CAUSE	INGS USED S OF DEATH
AL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MOR	DNSEQUENCE OF DNSEQUENCE OF TING TO DEATH BUT R WHICH OPERATIO	NOT RELATED TO THE TERM	AINAL DISEASE OR CON 20a AUTOPSY? YES \(\text{ NO} \)	20b. IF YES IN CERTIFY	, WERE FIND YING CAUSE	INGS USED
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MOR	DNSEQUENCE OF DNSEQUENCE OF ING TO DEATH BUT R WHICH OPERATIO NTH DAY YEAR 19	NOT RELATED TO THE TERM IN WAS PERFORMED	AINAL DISEASE OR CON 20a AUTOPSY? YES \(\text{ NO} \)	20b. IF YES IN CERTIFY YES	, WERE FIND YING CAUSE	INGS USED S OF DEATH
EDICAL	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IE EITHER NOTHE MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) (this hosp sow the deceased alive obove. (I) (was the side of the county of of t	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT 19b. CONDITION FOR 19b. CONDITION FOR 19b. TIME OF INJURY HOUR A.M. MOR P.M. 21e. PLACE OF INJUR (AT HOME, SIREET, FACTOR	DNSEQUENCE OF DNSEQUENCE OF ING TO DEATH BUT R WHICH OPERATIO NTH DAY YEAR 19 Y Y Y Y Y OFFICE, FARM, ETC.) ed from 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19	NOT RELATED TO THE TERM IN WAS PERFORMED 21t. HOW INJURY OCCUR 21t LOCATION STREET 20 , 19 30 d that in (my) (cor) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU-	20b. IF YES IN CERTIFY YES IRY IN ITEM 18 PA	WERE FIND YING CAUSE S ART 1 OR PART 2) COUNTY and from the	NGS USED S OF DEATH NO SIA
EDICAL	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE (IF EITHER, NOTHEY MEDICAL EXAMINE 21d, INJURY OCCURRED CONTRIBUTING NOT WHILE AT WORK NOT WHILE AT WORK AT	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT 19b. CONDITION FOR 19b. CONDITION	DNSEQUENCE OF DNSEQUENCE OF ING TO DEATH BUT R WHICH OPERATIO NTH DAY YEAR 19 Y Y Y Y Y OFFICE, FARM, ETC.) ed from 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 20. 19.83 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU-	20b. IF YES IN CERTIFY YES	COUNTY 19 22c. DATI	NGS USED S OF DEATH NO SIA
EDICAL	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHER MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AI WORK 22a certify that (I) (Was hosp sow the deceased alive above, (I) (was hosp above, (I)) (was hosp above, (II) (was hosp above, (II)) (was hosp above, (II)) (was hosp above, (II)) (was hosp above, (III))	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT 19b. CONDITION FOR 19b. CONDITION	DNSEQUENCE OF DNSEQUENCE OF ING TO DEATH BUT R WHICH OPERATIO NTH DAY YEAR 19 Y Y Y Y Y OFFICE, FARM, ETC.) ed from 19 7 19 7 19 7 19 7 19 7 19 7 19 7 19	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 19 83 and that in (my) (our) opinion DEGREE	ZOO AUTOPSY? YES NO RED (ENTER NATURE OF INJUDE TO DESTRUCTION OF TO DESTRUCT O	20b. IF YES IN CERTIFY YES	COUNTY 19 22c. DATI	SIA. that (I) (**

DHMH - 16 60M 7/84 (VRA 15, 4)

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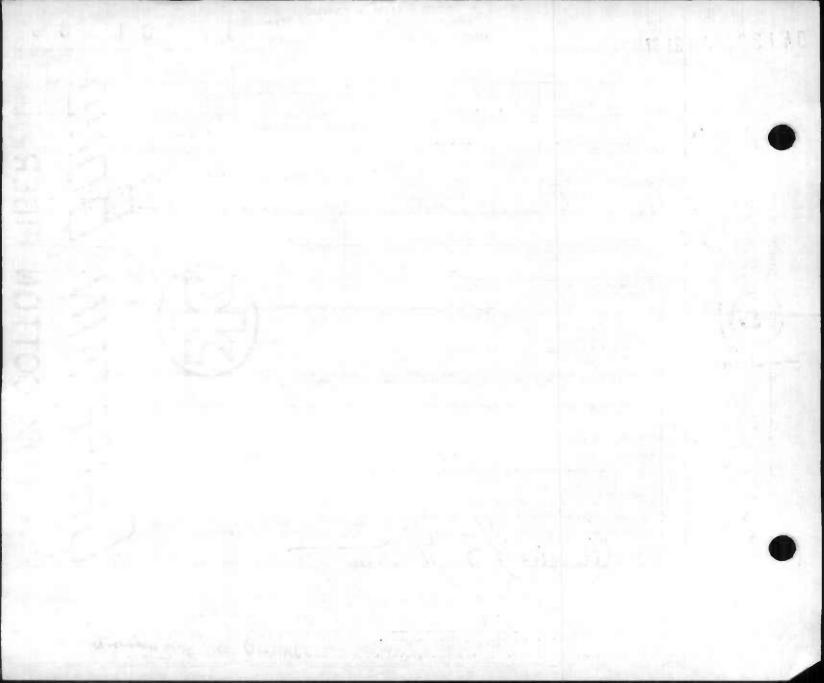
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6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215 JAN

DHMH - 17

(VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DAY YEAR DECEASED NAME MIDDLE 2b HOUR (TYPE OR PRINT) EARL < DATE OF BIRTH 4 RACE LIN YEARS LAST BIRTHDAYL IF UNDER TYEAR IF UNDER 24 HRS SEX MONTH YE AR 1898 ALE **WHITE** YRS. 7a. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY MARYLAND DIVORCED BALTIMORE CITY WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR RETAIL (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE SINAI HOSPITAL SALESMAN SUAL RESIDENCE 13a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE SHERMAN SAMUEL SCHWARTZMAN REBECCA MRS.SOPHIA H. BALTIMORE, III. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT SCHWARTZMAN (IF YES, GIVE WAR OR DATES) DEERFIELD RD. BALTO. .MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause urial, à PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE CERTIFICATION 20h. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Sigmoid volvulus NO [216. PINE OF INJURY TIL HOW INJURY OCCURRED HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INTURY OCCURRED OF INJURY STREET COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (aur) opinion death occurred an the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED DEGREE MEDICAL ATTENDING STAFF FUNERAL Culd be deta PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 50M 4/83 (VRA 15, 4)

State MPORTANT

23d. BURIAL CREMATION REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRES

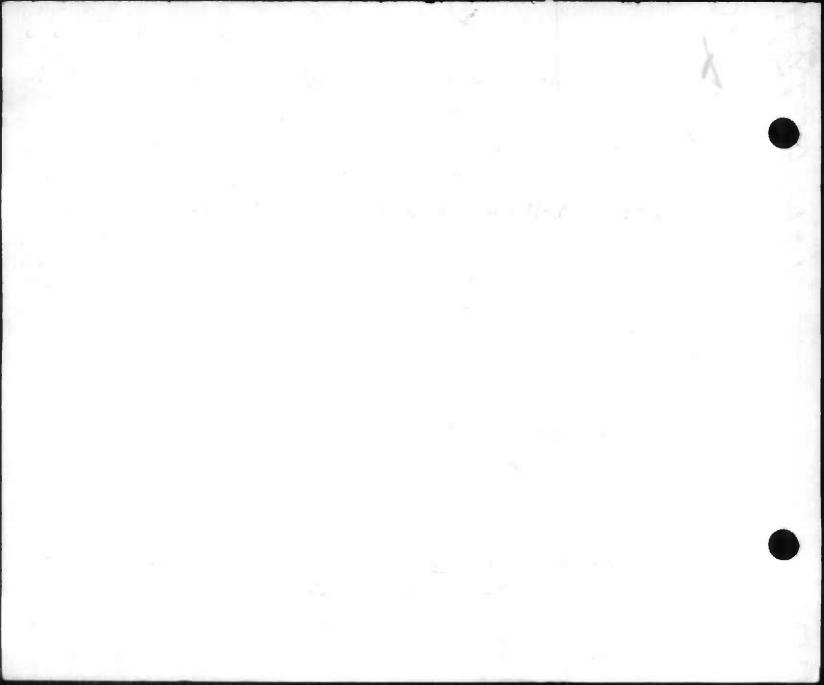
CITY OR TOWN BALTIMORE

SOL 6010 REISTERSTOWN RD. BALTO. MD

JAN.12,1987

21215

BETH TFILOH



harles S. Zeiler & Son Inc. 6224 EasternAve.

Julia Divideon

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

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DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND

8	REG. NO.	0	i	j	8	č

					REG. NO.		
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE O		DAY YEAR	2b HOUR (
	Mrs. L	ydia Violet So	chweizer		January 3 19	87	1120
3. SE)	X	4 RACE	5. DATE OF BIRTH		YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 H
F	Female	Caucasian	October 19 1	897 89	YRS	MONINS DATS	HOURS
(IRTHPLACE (STATE ORFOREIGN COUNTRY) New York	76. CITIZEN OF WHAT COUNTRY?	MARRIED L NEVER M	ARRIED .	DRECITY <u>OR</u> COUNTY	Y OF DEATH	
E	Baltimore City	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 3114 Garrison Bly	ADDRESS)		OCCUPATION RK FOR MOST OF WORKING LI	12b. KIND OF INDUSTRY	BUSINESS
13a. S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Maryland Balt	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR 136. CITY OR TOW Raltim	32	TY LIMITS? 130.STREET	ADDRESS / ZIP COD	e vd.	21216
	ATHER'S NAME Henry Lang	MIDDLE LAST		MAIDEN NAME IRST Lang	MIDDLE	LAST	
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL SECU		Bertha Menges	ADDRESS		21216
ì	NO OR UNKNOWN)	104–16-	-2676 3114	Garrison Blvd.	Baltim	ore	Marylar
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQU			- 145		
ICATION	gove rise to immediate couse [a], stating the underlying couse last.	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO HEM I Flegian,	ENCE OF	, Atrial	Fibrillat OPSY? 1206 IF YE	YEN IN PART TO	GS USED
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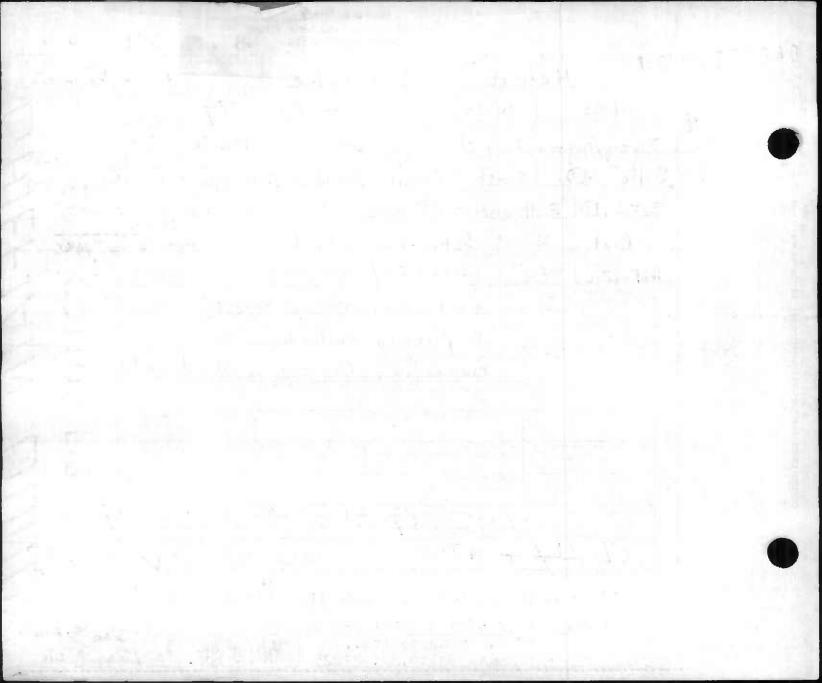
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2 00 7		sow the decea above, (I) (Aye)	sed olive on_	vioudthe had	2 ofter death	9 1-7, or	d that in (my) (our	r) opinion de	oth occurred on the d	ate and hour o	and from the	e couses stated
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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

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1 - STATE REGISTRAR			DEPAI	CERTIF	FICATE OF DEATH	8 /	EG. NO.		90
L DECEASED NAME	FIRST		MIDDLE	5	LAST	20. DATE OF DE	ATH MONTH	DAY YEAR	26. HOUR
FULL DE CON PRINT)	Baby	Girl		Sc	ott	Janu	ary 17,	1987	9:02P M
3. SEX		4 RACE			OF BIRTH	6. AGE IN YEARS	LAST BIRTHDAY)	IF UNDER TYEAR	
Female	9			MONI	DAY YEAR		YRS	MONTHS DAYS	HOURS MIN.
76. BIRTHPLACE (STA' COUNTRY) Maryland		Bla 76 CITIZEN OF	WHAT COUNTR	8. MARRIE	D NEVER MARRIED	9 BALTIMORE		TY OF DEATH	MD.
10 CITY OR TOWN OF					OR OTHER INSTITUTION	120. USUAL OCC			OF BUSINESS OR
Baltimore		Maryl	and Gen	eral H	ospital	(TYPE OF WORK FOR	MOST OF WORKING		
USUAL RESIDENCE (#	NURSING HOME O		13c. CITY OR TO		113d INSIDE CITY LIMITS?	13e.STREET ADD	DESS / 7ID CC	200	
Maryland	Acco		Balti		YES X NO		Vine St		1223
14. FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA		ess unk		LZZ3
					Betty				ott
160 WAS DECEASED			166 SOCIAL SE	CURITY NO.		anda Da	ADDRESS	4 2	
(YES, NO OR UNKNOW	(IF YES, G	n/a	_	/a	Medical Rec	coras Dep	<i>partment</i>	Ralto	Betty Sco
	immediate stating the cause last.	(b)	R AS A CONSEC	ODEATH BUT	naturity NOT RELATED TO THE TERM	NINAL DISEASE O			7-116
THIC DATE OF OR	ERATION	196 COND	ITION FOR WHI	CH OPERATIO	IN WAS PERFORMED	- 1	IN CER	YES, WERE FIND TIFYING CAUSE YES	S OF DEATH?
OR CONTRIBUTING		AIH	OF INJURY M. MONTH M.	DAY YEAR	21c HOW INJURY OCCURI				
AALIITE N	OT WHILE	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC)	211 LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
22a I certify the sow the de obove, (X(x) 22b. SIGNATUR 22d. PHYSICIAN	we) (did) (oxfor h) E	OR PRINT)	ofter death.	8 Janua	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL DIRECTOR	STAFF	and from the	, that & (we) last e causes stated
Patri	Cia .	L. SALDA		2. NIAME OF	6/0 Maryl	173d LOCATIO		pital	
230. BURIAL, CREMAT	emoval	1-22-		C. NAME OF	CEMETERY OR CREMATORY	CITY OR T		COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

TO HOSPITAL

hould be detached for use as the burial-transit permit. Then please remove a vith the State Dept. of Health and Mental Hygiene prior to burial, cremotion,

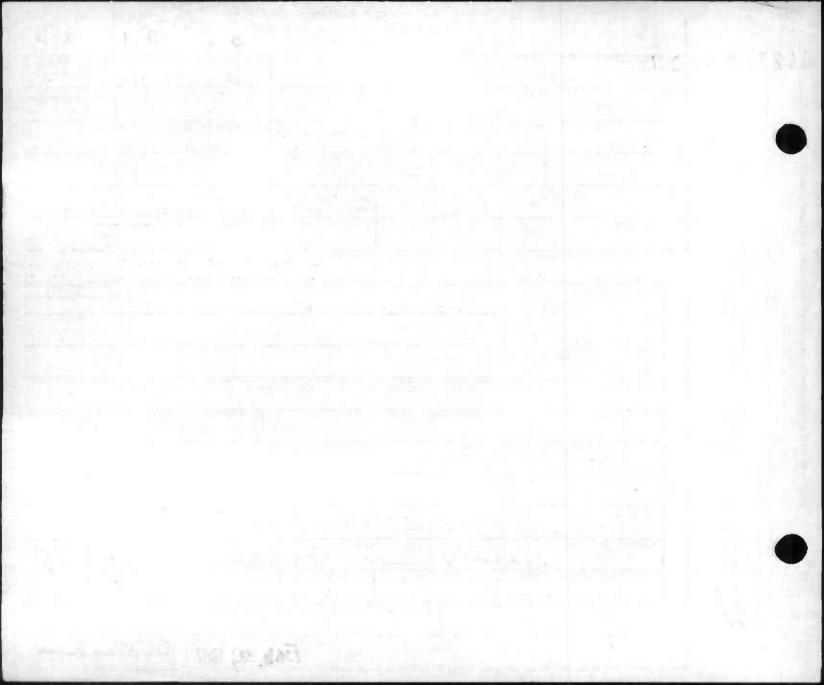
Anatomy Board

24 FUNERAL DIRECTOR

NAME

Balto., Md.

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



+(JR'		1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENT CERTIFICATE OF DEAT	F 19	REG. NO.	0 1	ŝ	9
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BALTIMORE,	The state of)		(ES, NO OR UNKNOWN) (IF YES, GIV	216/015	72 Lucille 1	Payne 190		ga St.		
	B 00 0	Central		PART I. DEATH WAS CAUSE	oly ane couse per line far (a), (b), and D BY. TE CAUSE (a)	O NESPINITOR) ARLES	7		BETWEEN	MATE INTERVAL ONSET AND DEATH
W. PRESTON ST.,	y the se rem	ather traumotic		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) AMAGERIA	DC ARRIYTH				1/5	187
RDS, 201	n signed b Then pleo	injury, or	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D			ASE OR CONDIT	ION GIVEN I	IN PART 110	a '
AL RECO	on. hos beer if permit.	shows only	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a Al	- 11	Db. IF YES, WIND CERTIFYING	G CAUSES	NGS USED OF DEATH?
JOF VIT	ding physicion. is certificate hos buriol-fronsit per Mentol Hygiene	Item 18 sl		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	SITT I	Y YEAR 19	OCCURRED (ENTE	R NATURE OF INJURY IN	ITEM 18 PART 1	OR PART 2)	
DIVISION OF VITAL RECORDS, 201	de te	orkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY {AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC) 211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
	CTOR: A d for use	n 21 is m		sow the deceased olive on abave, (1) (we) (did) (d d no	tal) ottended the deceased from 19.2	7 and that in (my) (our)	opinian death occu	arred an the date	ond hour an	d from the	
	RAL DIRE	NT: # He		22b. SIGNATURE	The same of the sa		DING MEDIC	AL STAFF OR PHYSICIAN	v 🔯	22c. DATE	SIGNED 1/87
C	oined by the Stote oil the Stote	PORTANT		22d. PHYSICIAN'S NAME (TYPE O	Populoninsky	3001 S.	HONOVER	ST. Boi	Timant,	12) 21	1230

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR Bailey Funeral Home 1348 N.

236 BURIAL, CREMATION, RÉMOVAL Burial 1-16-87

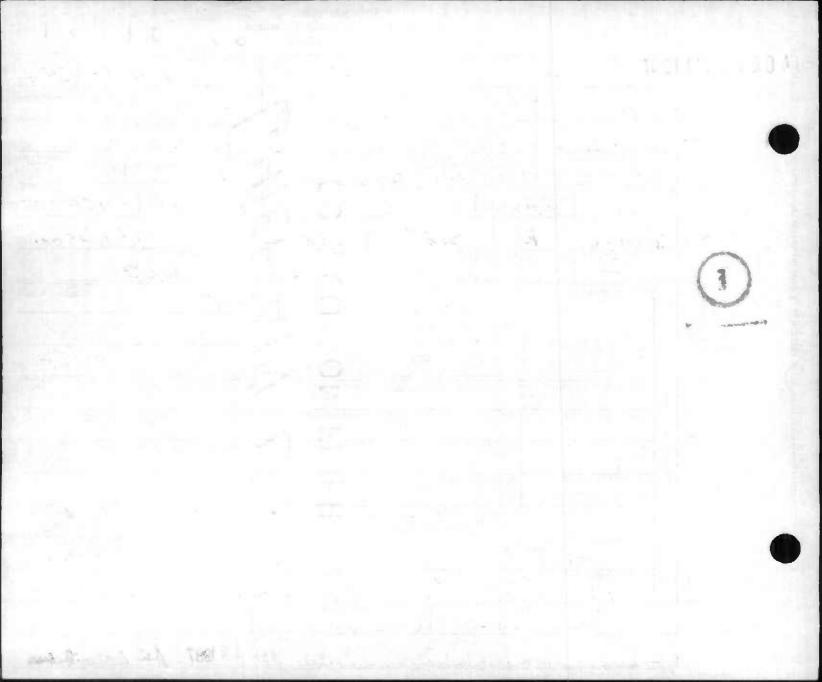
23b. DATE

231. NAME OF CEMETERY OR CREMATORY

Calhoun

23d. LOCATION CITY OF TOWN

Arbutus Memorial Park | Arbutus | Maryland | 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE	OF	MARYLAND
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	REG. 140.				

FOR STATE REGISTRAR			NT OF HEALTH AND I CERTIFICATE OF D		7	0 1 5	9
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70. BIRTHPLACE (STATE OR COUNTRY) 10/30/91	A. US.	OF WHAT COUNTRY?		WARRIED U	BA 1+0.	CITY	OF BUSINES
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MARY/AND	DAHO	BAITO.	13d, INSIDE C	NO 327	ET ADDRESS / ZIP 29 W. F.A.	CODE LIF	AVE
BEDRGE 160 WAS DECEASED EVER	MIDDLE	AUERS ? 166 SOCIAL SECURI	MA.	RTHA	MIDDLE	1	ŞT
IYES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES		0.	DR MINTER	2 2720	9 W. Fa	IMATE INTERV
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Gave rise ta im couse lal, stati underlying caus: PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING 21d. INJURY OCCUR WHILE NOT WAS UN 22a.1 certify that (1) saw the deceadove, (1) (4)	DUE TO, which mediate mg the elost (c). NIFICANT CONDITIONS ATION 19b. CON DERLYING 21b. TIME CAUSE OF DEATH HOUR IGAL EXAMINER] RED 21e. PLAC	OR AS A CONSEQUEN CONTRIBUTING TO DE NOTION FOR WHICH O OF INJURY A.M. MONTH DAY P.M. STREET, FACTORY, OFFICE, FARM the deceased from	CE OF ATH BUT NOT RELATED PERATION WAS PERFO YEAR 19 21t LOCATIC STREET	PRMED 200 A YES [JURY OCCURRED (ENTI	EASE OR CONDITION UTOPSY? IN C IN C IN C IN C IN C IT NATURE OF INJURY IN ITE CITY OR TOWN	IF YES, WERE FINDI CERTIFYING CAUSES YES EM 18 PART LORPART 2) COUNTY	NGS USED OF DEATH NO (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
PART 2 OTHER SIG	DUE TO, which mediate ng the lost (c). NIFICANT CONDITIONS TION 19b. CONDITIONS TION 21b. TIMI CAUSE OF DEATH HOUR KEAL EXAMINER] RED 21e. PLAC JAT HOME HIRE 21c. PLAC JAT	OR AS A CONSEQUEN CONTRIBUTING TO DE NOTION FOR WHICH O OF INJURY A.M. MONTH DAY P.M. STREET, FACTORY, OFFICE, FARM the deceased from	CE OF ATH BUT NOT RELATED PERATION WAS PERFO YEAR 19 21t LOCATIC STREET DEGREE	DIO THE TERMINAL DIS ORMED 200 A YES UURY OCCURRED (ENTI ON 19 to (Artending Medic Physician Direct	EASE OR CONDITION UTOPSY? NO	IF YES, WERE FINDICERTIFYING CAUSES YES EM 18 PART LORPART 2) COUNTY 19 22c. DATE	NGS USED OF DEATH NO that (I) (A) causes stot
PART 2 OTHER SIG PART 2 OTHER SIG 19a DATE OF OPERA 19a DATE OF OPERA 19a DATE OF OPERA 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING IIF EITHER NOTIFY MED 21d. INJURY OCCUM AT WORK NOT WAT WO 22a. I certify that (I saw the deceded obove, (I) (§ 1) 22b. SIGNATORE	DUE TO, which mediate ng the e lost (c). NIFICANT CONDITIONS ATION 19b. CON DERLYING 19b. CON DERLYING 12b. TIMI CAUSE OF DEATH HOUR KEAL EXAMINER] RED 21e. PLAC JAT HOME JAT HOME AME (TYPE OR PRINT) AME (TYPE OR PRINT)	OR AS A CONSEQUEN CONTRIBUTING TO DE NDITION FOR WHICH O OF INJURY A.M. MONTH DAY P.M. E OF INJURY STREET, FACTORY, OFFICE, FARM the deceased from 19 dy after death.	TEATH BUT NOT RELATED PERATION WAS PERFO YEAR 19 21f LOCATIC STREET A DEGREE	OTO THE TERMINAL DIS ORMED 200 A YES UURY OCCURRED (ENTI DN 19 , 10 , 10 , 10 , 10 , 10 , 10 , 10 ,	EASE OR CONDITION UTOPSY? NO	IF YES, WERE FINDICERTIFYING CAUSES YES EM 18 PART LORPART 2) COUNTY 19 22c. DATE	NGS USED OF DEATH NO that (I) (A) causes stot

101 E. NORTH AUE.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attent should be detached for use as the found fromit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burief, cremation,

ATTENDING PHYSICIAN, The

retained by the handingl or

BP.

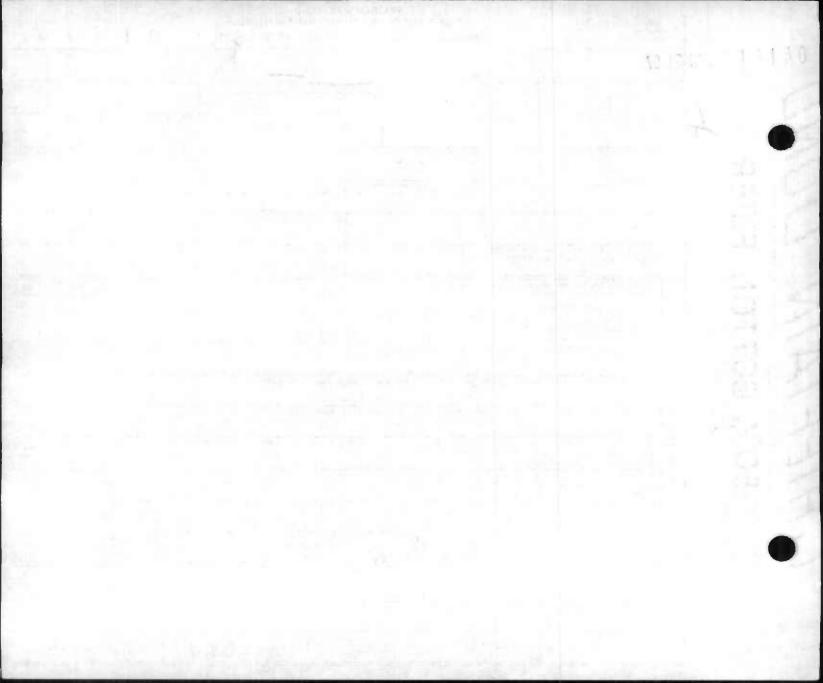
TO HOSPITAL OF

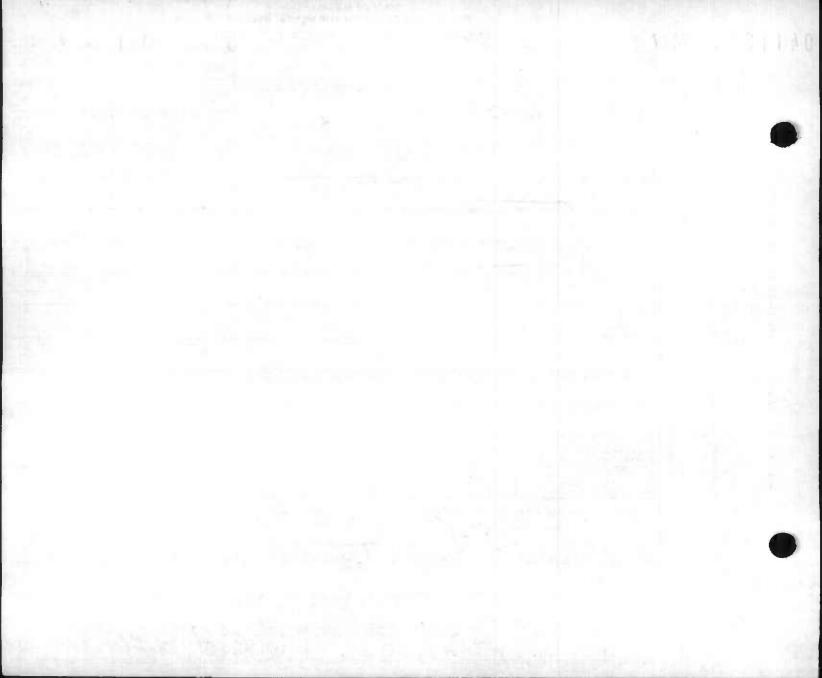
should be filed within 72 hours ofter death

ELLE TRANSPARENCE DE LA CONTRACTOR DE LA TO STATE SERVICE STANDING CANCERSON OF THE SERVICE art or thirty -

STATE OF MARYLAND

Item # 1, Film G 623 By F.H. 1/27/87





poge 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

ENE	8	REG. N	10.	0	1
2a. DA	TEOF	DEATH	MONTH	DAY	YEAR

REG. NO.	U	1 -	7	2
28. DATE OF DEATH MONT	H DAY	YEAR	26. HOUR	
JANUARY 14	, 198	7	9:58	3P _M
6 AGE (IN YEARS LAST BIRTHDAY	IF UN	DER I YEAR	# UNDER 2	a HRS

MARY	Louise	SENA
3. SEX	4 RACE	S. DATE OF BIRTH
Female	White	5 11 1924
O. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED
Michigan	USA	WIDOWED A DIVORCED

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

62 9 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED A DIVORCED [

BALTIMORE CITY 17s USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife Homemaking

BALTIMORE	TH	E JOHN	S HOPK	INS	HOSI	PITAL
JSUAL RESIDENCE (IF NURSIF 30 STATE Maryland	NG HOME OR OTHER IN 136 COUNTY Harfor		DENCE BEFORE ADM	113	INSIDE	CITY LIMITS

MIDDLE

18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).)

13d INSIDE CITY LIMITS? NO A IS MOTHER'S MAIDEN NAME

I ma

1305 Fordham Ct. Belair.Md. MIDDLE

0	
160 WAS DECEASED EVER	IN U.S. ARMED FORCES?
MES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)

- STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR

DECEASED NAME

14. FATHER'S NAME

Conditio gove ri couse underly

19a DATE OF OPERATION

CERTIFICATION

MEDICAL

16b. SOCIAL SECURITY NO 286-20-4410

LAST

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

17 INFORMANT

ADDRESS Stephen M. Sena Rt. 704 Box 131 Topping.

IMMEDIATE		Cardio pu
ns, if ony, which	DUE TO, O	R AS A CONSEQUENCE OF
se to immediate o), stating the ng cause last.		RASA CONSEQUENCE OF

one nou

21014

PART 2. OTHER SIGNIFICANT CONDITIONS

YEAR

19

R. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. I
MILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTO	OPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
		YES 🗌	NO	YES 🗌	NO 🗌		
216. TIME OF INJURY	21¢ HOW INJURY OCCURRED) (ENTER NA	TURE OF INJUR	Y IN ITEM 18 PART I OR PART	21		

22a. I certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (I) we (did) (did not) view the body after death

211 LOCATION COUNTY CITY OR TOWN

226 SIGNATURE	2
16 ulli - 17	James 1 mg
	umennot
22d. PH SICIAN'S NAME (THE OF PRINT)	

and that in (my Gus opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF

DIRECTOR PHYSICIAN

220.	DATE	SIG	NED		
	1	1	11	0	7
	/-	/	7	0	1
		-			

STATE

Munthia 5 Cromen

PHYSICIAN 22e ADDRESS

_		 7	-						
23a	BURIAL,	MA			DVAL	23b. 1-	DAT	7-	87

23c NAME OF CEMETERY OR CREMATORY Belair Memorial Gardans

DEGREE

CITY OR TOWN

Harford, Maryland

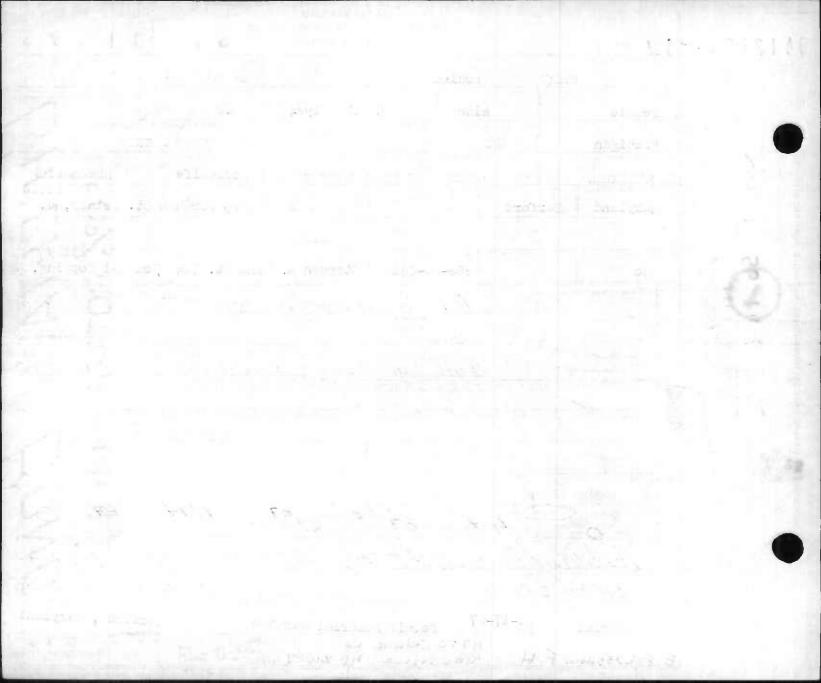
24. FUNERAL DIRECTOR

11750 Delpir Rd

250 DATE REC'D: BY REGISTRAR 256 REGISTRAR'S SIGNATURE

KINGSVILLE MD 21087

DHMH - 16 60M 7/84 (VRA 15, 4)



5		
1201	AND 2	MARYLAND 21201
0		
ted within 24 hours after death. Page 4 may be	24 ho	ted within
9		
ompletely filled in by the funeral director. page 3	filled i	ompletely
	1	
		(2)
	ALC:	10
I. DECEA (TYPE OR I	USUAL R 130 STA	I4. FATHI

ilm G623 | tem 165

STATE OF MARYLAND

41 97s	TATE 1/21/ REGISTRAR	/86 rja		DEPARTI		ICATE OF DEATH		NE 8 ZREG. N	0	1 3	9	0
1. DECE	ASED NAME	FIRST		MIDDLE	L	AST	2	e. DATE OF DEATH	MONTH DAY	YEAR	2b. HOU	R
		FLOREN	CE	MARY	SENT	INELLA			1 10	87 3	:20	A M
3. SEX		4.	RACE		5. DATE C		- 1	AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER	24 HRS
16.7	female		wh	ite	MONTH 2	15 14		72	YRS	VIHS	HOURS	MIN.
	HPLACE (STATE O	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIE	9	BALTIMORE CITY		FDEATH	•	
10.	ryland	PK.	U.S.	Δ	WIDOWE		-	Baltimo	ro Cita	,		MD
	OR TOWN OF D	EATH 1	. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTIO	N I	20 USUAL OCCUPAT	ON	12b. KIND C	F BUSINE	
Ba	altimore			Agnes Hos				Type of work for most of Homemaker		INDUSTRY		
130 STA		136 COUNT		GIVE RESIDENCE BEFORE	'N	13d. Inside City Lim Yes 🔣 no [368 Maryde		d 212	29	
14. FATH	IER'S NAME		DDIE	LAST		15. MOTHER'S MAIDE	ENNAME					
	George		DOLE	Berge	r	FIRST		UNKNO) W N	LAS	ì	
	S DECEASED EVI	ER IN U.S. ARM		166 SOCIAL SECU		17. INFORMANT		ADDR			-	
(YES.	NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	214-01-7	1145-	Albert M.	Sen	tinella 36	8 Mary	dell F	kd. 2	1229
18		ATH (Enter anly WAS CAUSED IMMEDIATE	BY:	line for 101, (b), on		X			4	APPROX BETWEEN Lude	MATE INTER ONSET AND	VAI DÉATH
9	Canditions, if a gove rise to i couse (o), sta underlying cau	mmediate iting the	(b)_	R AS A CONSEQUI R AS A CONSEQUI ALKENS	Coron	an arting o	Vase	da dise	and a			
	ART 2. OTHER SI	GNIFICANT CO	NDITIONS C	Deahe	DEATH BUT	mollitas	E TERMIN	AL DISEASE OR CON		IN PART 1	a'	
190. DATE OF OPERATION 196 CONDITION FOR V				ITION FOR WHICH	H OPERATION WAS PERFORMED 784			YES NOW	206. IF YES, V IN CERTIFYIN YES [NG CAUSES		H?
	DR CONTRIBUTING	CAUSE OF DEATH		M. MONTH DA	AY YEAR	21c. HOW INJURY O	OCCURRE	CENTER MANUEL OF PHILIP	TT FITTE IS PART	I OR PART 2)		
WEDIC	MHILE NOT		21e PLACE			211. LOCATION STREET		CITY OR TO	wn	COUNTY	5	TATE

220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive saw the deceased alive o

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

CIAN'S NAME ITT mo Harry Knipp

236. DATE

5411 Old Frederick road

230 BURIAL, CREMATION, REMOVAL Burial

1/12/87

236 NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.

22e ADDRESS

23d LOCATION
CITY OR TOWN
Woodlawn

and that in (my) (our) apinian death accurred an the date and have and from the causes stated

Baltimore Md.

DHMH - 16 60M 7/84

oold be detached for use as the burial-transit permit. The minimit the State Dental with and Mental Hygiene prior to burial, cr

morked or Item 18 show

TO FUNERAL DIRECTOR. After this certificate has be

retained by the hospital ar

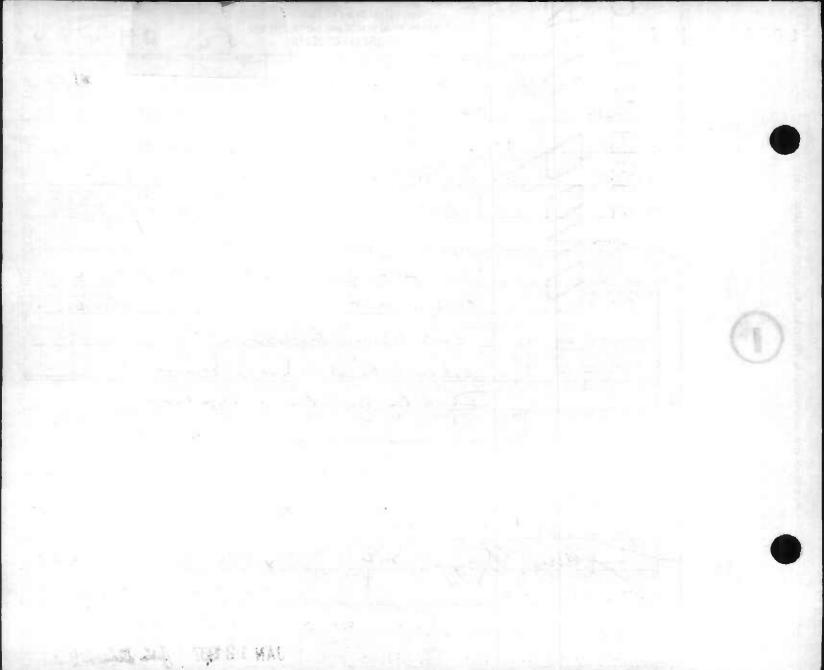
(VRA 15, 4)

24 FUNERAL DIRECTOR

21229 4107 Wilkens Ave. Hubbard Funeral Home, Inc.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JAN 1 2 1987 Julia Mindia 12



STATE OF MARYLAND 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO. U	1 3	/ /
F DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	AY YEAR 26. H	HOUR
7	KAZYS			SES	SKUNAS		01 - 20	-87 05	205 N
1/SEX	4	RACE		5 DATE		6. AGE (IN YEARS LAST !			NDER 24 HRS
MALE		WH	ITE	MONT!	.29. 16	70	YRS.	ONTHS DAYS HOU	RS MIN.
To. BIRTHPLACE (STATE O	R FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
Lithuania	1	11	S.A.	WIDOWE		Ro IL	nore c	City	MD
10. CITY OR TOWN OF DE	ATH 11	. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120. USUAL OCCUPA	TION	VI26. KIND OF BUS	
Baltimore		AL NOT IN SUC	CHEACILITY, GIVE STREET	ADDRESS)	pital	Tailor	OF WORKING LIFE)	Shop	
RESIDENCE (IF NU	RSING HOME OR OT	HER INSTITUTION		ADMISSION		1		Ditop	
Maryland	Balti		13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO Q	13e.STREET ADDRESS		21220	
FATHER'S NAME			L Catonsv	LIE	15. MOTHER'S MAIDEN NA		ery Lar	ne 21228	
FIRST		DDLE	LAST		FIRST	MIDDLE		LAST	
UNKN 16a, WAS DECEASED EVE		D FORCES?	166 SOCIAL SECU	IRITY NO	17 INFORMANT	INKNOWN	RESS		
(YES, NO OR UNKNOWN)	(IF YES, GIVE W								
NO			213-30-		Vito Seskuna	as 108 Fdge	wood Ro		
PART I. DEATH	TH (Enter only WAS CAUSED I	one couse per BY:	line for (o), (b), on		PIRATORY	ARRES	T	BETWEEN ONSET	AND DEATH
	IMMEDIATE	CAUSE (o)	MINIO	2	TIPIAID ING	PONCE-	' 1		
Conditions, if on gove rise to in couse (o), stot underlying cous	nmediate ing the ie lost.	(c)_	R AS A CONSEQUE	ENCE OF	GRANULOC				
<u> </u>									
19a DATE OF OPERA	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS U	
T I						YES NO	YES		
216. ACCIDENT WAS UIT OR CONTRIBUTING [(IF EITHER NOTIFY MEIT 216 INJURY OCCUIT	CAUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCURI	RED (ENTERNATURE OF IN.	URY IN ITEM 18 PAR	IT I OR PART 2)	
216 INJURY OCCUI	RRED	21e PLACE	OF INJURY		21f. LOCATION	CITY OR 1	OWN	COUNTY	STATE
AT WORK NOT V	ORK	(A) HOME SIR	REEL PACTORY, OFFICE, F	AKM, ETC.)	JINEE!	- 1.		0.7	31716
220.1 certify that (l) (this hospitol	qttended th	e deceased from	JANI	JARY 219 8	1, to JAVV	ARY 2010	9_8/_, thor (l) (we) lost
sow the deceo obove, (I) (we)			Ry 2019	87.01	nd that in (my) (our) opinion	deoth occurred on the	dote and hour o	and from the causes	stated
226. SIGNATURE	e.	Men	aly,	m.D	DEGREE ATTENDING PHYSICIAN [MEDICAL ST.	AFF ICIAN (221. DATE SIGNE	20,19
226 PHYSICIAN'S N	LAME (TYPE OR PE	MEN	OEZ I	N.D.	22e ADDRESS	s Hosp.	- 7	IMORE,	M.E
23a BURIAL, CREMATION	REMOVAL	236 DATE	23€ №	NAME OF C	EMETERY OR CREMATORY	236. LOCATION			44
Buria	1	1/22/8	7 IA	oudon	Park Cemetery			Maryla	and
24 FUNERAL DIRECTOR	4-11-1-					E REC'D BY REGISTRA		AR'S SIGNATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Alia Bindion Parlace

STATE ... ARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE LAST 2a. DATE OF DEATH MONTH 26 HOUR Seward 5. DATE OF BIRTH 6. AGE | IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YFAR DAY black 15 05 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED BAL TO. MD 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTO. 12112 CALLOW AVENUE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE YES V NO [RALTO CALLOW 15. MOTHER'S MAIDEN NAME LAST FIRST LAST UNK 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** 215011035 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2112 CALLOW 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT

90. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
		YES NO	YES 🗌	NO 🗌	
	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)		

P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN STREET

WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL

PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT 22ª ADDRESS

00 Eager	5+	Ba	140	mon
	00 Eager	00 Eager St	10 Eager St Ba	00 Eager St Balto,

DIRECTOR PHYSICIAN

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY SPEBURIAL 2/2/87

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

23d LOCATION CITY OF TOWN MD NATIONAL CEMETERY _AURE

STATE COUNTY MD

24 FUNERAL DIRECTOR Wm. C' March F/H 1101 E. North Avenue

DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL Indid be deto

FOR

O REGISTRAR

DECEASED NAME

female

TO BIRTHPLACE (STATE OF FOREIGN

10. CITY OR TOWN OF DEATH

FIRST

Carrie

136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

last

Conditions, if ony, which gove rise to immediate couse (o), stating

underlying couse

MIDDLE

HE YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (o

4 RACE

- STATE

ITYPE OR PRINT)

3. SEX

13a STATE

MD

NO

CERTIFICATION

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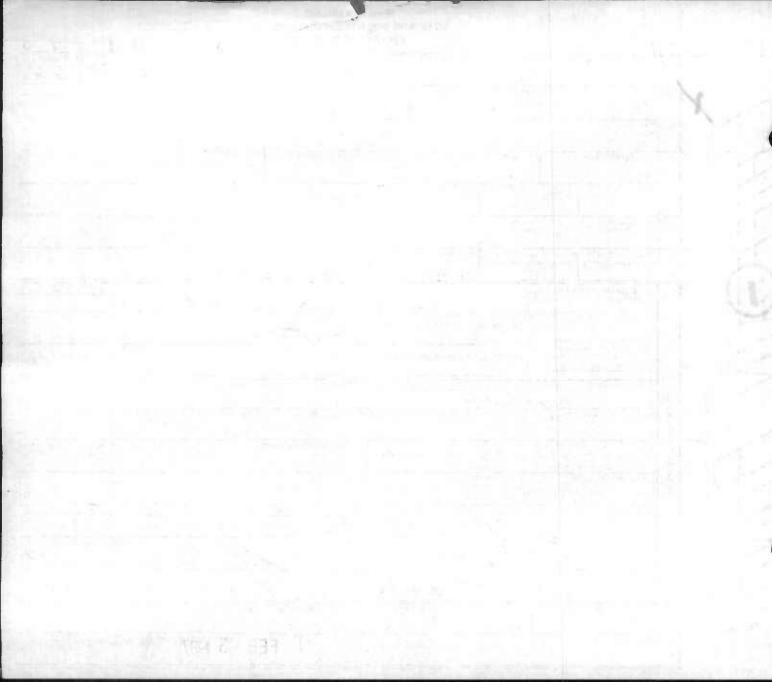
IMPORTANT:

14 FATHER'S NAME FIRST

(YES, NO OR UNKNOWN)

poge 3

filed



in by the funeral director, page 3 se filed withy 72 hours ofter death

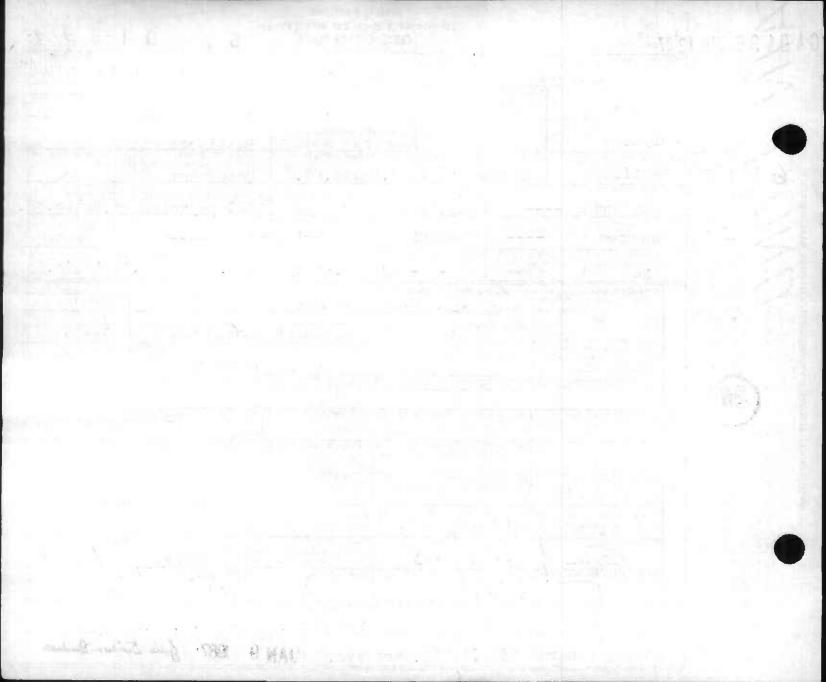
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. I	NO.	C	5	9	
OF	DEATH	MONTH	DAY	YEAR	2b. HOUR	П

AN I	218	FOR STATE REGISTRAR	DEPAR		CATE OF DEATH	IENE 8 PEG N	0	1 5	9 9
		CEASED NAME E FIRST	nor B		hade	20 DATE OF DEATH	MONTH DA	Y YEAR - 87	26. HOUR
	3. SE	x Female	Mhite	S. DATE O	DAY YEAR	6. AGE LINYEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HR
35		RTHPLACE (STATE OR FOREIGN ETYLAND	76 CITIZEN OF WHAT COUNTR	Y? 8	□ NEVER MARRIED □	Baltimore CITY O	R COUNTY O	FDEATH	٨
nontred		Baltimore	11. NAME OF HOSPITAL, NURS	SING HOME O		12a USUAL OCCUPATI (1YPE OF WORK FOR MOST OF HOMEMAK	ON F WORKING LIFE)	126. KIND OI INDUSTRY	BUSINESS C
a same	130.5	AL RESIDENCE (IF NURSING HOME OF A 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE BEF JNTY 130. CITY OR TO Balti	I NWC	13d. INSIDE CITY LIMITS? YES NO [13e.STREET ADDRESS		212 St. Ba	30 llto.M
examine		ather's name Unknown	MIDDLE Wat	kins	Christ	ina —	-	LAS1	Reese
Dedico		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	INE WAR OR DATES	CURITY NO. 2 – 6623	Mr.Henry	shade, 1060	Grar	Faul	Ave.c
event, the		PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b), SED BY: ATE CAUSE (a)	and ici)	arrest				NATE INTERVAL INSET AND DEAT
Marcor ather traumot	Z	Conditions, if any, which gave rise to immediate cause Iai), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF	te DUENCE OF FORARY	my ocordia 1 arrery	infarette disease		A D E	
9	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	200 AUTOPSY?		WERE FINDIN NG CAUSES	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)	
arked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
n 21 st ms		sow the deceased alive a	pital) attended the deceased from 19 mol view this body attended to	1	d that in (my) (aur) apinian	death occurred on the de	ate and hour o		hat (I) (we) lo auses stated
7. F		27 SIGNATURE	1 Lelsby a	٥		MEDICAL STAI	FIATO	22c. DATE :	SIGNED 7
MPORTANT: IF		THE PHYSICIAN'S NAME (THE	Scholy		270 ADDRESS 301 Belto	, Md.	21	200	
		Burial, cremation, remova Burial		c NAME OF CE	0 - 111 0 0	23d LOCATION CITY OF TOWN Balto. A			land
7/B4		ccully Funer	alto.Md;21234	E.Fort	Ave. 250 DAT	e rec'd. By registrar 9 1987		B'S SIGNATI	guidas.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR



STATE OF MARYLAND

5 JAN 2	d d7	FOR STATE REGISTRAR			DEPART		IEALTH AND MENTAL HYG	TENE REG. NO.	nastra e a caracteria de la caracteria d	0 0		
w €		CEASED NAME	FIRST	-,	MIDDLE	SIL	AST	20. DATE OF DEATH MON	TH DAY YEAR	2b HOUR		
deoth deoth		MAK	V E	LIZA	BETH		RRER		1.358/	6 PM		
rector, p	3. SE	× F EM		RACE	${oldsymbol{arphi}}_{ ext{HITE}}$	5 DATE (6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DATE			
185	-	IRTHPLACE (STATE OR COUNTRY) ARYLAND	FOREIGN 7b.	b. CITIZEN OF WHAT COUNTRY? 8 MARRIED N WIDOWED X			PALTIMORE CITY OR COUNTY OF DEAD DIVORCED BALTIMORE CITY			ME		
oy the fulled with		ITY OR TOWN OF DEA	ATH 11	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ST. AGNES HOSPITAL			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR CLERK	RKING LIFE) 126. KINE				
ician and completely filled in sers. Pages ond 2 should be followed. The medical examines and be	130.	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 138- COUR MARYLAND BALT		HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?		13e.STREET ADDRESS / ZIP CODE 1937 DEERING AVENUE 21230						
	0.	ATHER'S NAME HARLES HAR	SHMAN ***	DLE	LAST		15. MOTHER'S MAIDEN NAME OF THE STATE OF THE	S MAIDEN NAME				
		WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W		212-36-1		MRS. JACQUEL	ADDRESS INE JORDON 193	37 DEERIN	G AVENUE		
distribute or ending physici cas compoper of cumulation, or removol.		18 CAUSE OF DEAT PART I. DEATH W Conditions, if any gove rise to imm cause (o), static underlying cause	MMEDIATE C	DUE TO, C	or line for (a), (b), and a post of the po	ence of	vo with a depend D	ys & 16i, trial fib (M, renalins	7	ROXIMATE INTERVAL EN ONSET AND DEATH		
on won The by to both	NOIL	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
it permi	CERTIFICATION	19a DATE OF OPERA	TION /	196 CONP	TITION FOR WHICH	OPER TIO	n was performed		O. IF YES, WERE FINI CERTIFYING CAUS YES []			
riol-trons entol Hyg tem 18 s	1	21a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH		OF INJURY .M. MONTH DA .M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	IEM 18 PART I OR PART ?	2)		
ter this is the bull hond Mirked or	MEDICAL	21d INJURY OCCUR	THE [OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
ECTOR: Al		220.1 certify that (1) sow the deceas abave, (1) (we) (1	ed alive on C	152 00	115 197	37.0	nd that in (my) (aur) apinion	, ta CT. //5 death accurred on the date a				
JERAL DIRE		276. SIGNATURE 276. PHYSICIAN'S N	AME (TYPE OR P	In	me	My	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	/	3/87		

BP

TO FUNERAL DIRECTOR: After this certificate has be

DHMH - 16 60M 7/84 (VRA 15, 4)

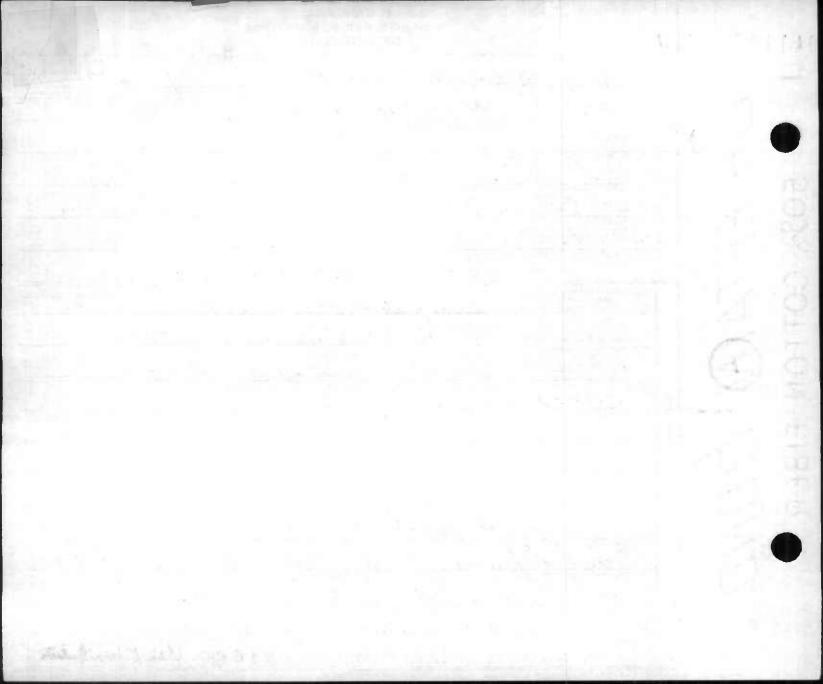
IMPORTANT: If Item 21 is should be detached for with the State Dept. of H

230. BURIAL, CREMATION, REMOVAL BURIAL 01/19/87 AMBROSE FUNERAL HOME 1328 SULPHUR SPRING ROAD

234 NAME OF CEMETERY OR CREMATORY MT. OLIVET

SICI

YOR CREMATORY
CEMETERY
FREDERICK CITY MARYLUM
250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE



Ö	0 -	3. SE	(4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTH
4	ctor. p	1	MALE	WHIT	E	MONTH 11	17 OO	70
Poge	The same	7a. BI	RTHPLACE I STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8.	17	78 9. BALTIMORE CITY OR
de oth.	1		OUNTRY)				NEVER MARRIED	
	within within		Mary land TY OR TOWN OF DEATH	U.S.	A HOSPITAL NILIPSIN	WIDOWE	DIVORCED L	Baltimore
fer	the the	10. 01			H FACILITY, GIVE STREET		K OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF
201	tile by		Baltimore		Agnes Hos		121-121-	Sheet Metal
BALTIMORE, MARYLAND 21201	d be filed		AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 2
24 24	shaulo	M	aryland -		Baltimo	re	YES X NO	708 S. Beec
YLA	shy shi		THER'S NAME				15. MOTHER'S MAIDEN N	AME
A	12 5	1		WIGOTE	Chook		FIRST	WIDDLE
N S		14 n V	Daniel VAS DECEASED EVER IN U.S. AR	MED EODCESS	Sheeh		Laura 17. INFORMANT	ADDRES
ORI	中部 中			E WAR OR DATES)			II. IIIIORMAINI	, and the same of
M M	尼亞 扩	_	NO		217-32-	9752	Margaret M	. Tankersley
SAL)	31.5		18. CAUSE OF DEATH (Enter or	ly one cause per	r line far (a), (b), an	d (c).)		
Fr., B	phys emove event,		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	PULMON	ARY	EDEMA	HARKED
RESTON:			IMMEDIA					
			Candidana it and the	,	R AS A CONSEQUE	-	(CETOACIDE)	1.1
			Canditians, if any, which gave rise to immediate	(b)	DIABETO	C	(CC-10ACI DOV	.1.)
× ‡	by the		couse (a), stating the underlying cause fast	DUE TO, O	R AS A CONSEQUE	ENCE OF		
tho tho	leos iol, or of			(c)				
S, 2		7	PART 2. OTHER SIGNIFICANT (CONDITIONS CO	ONTRIBUTING TO 1	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDI
SKD.	c - 7 .5	CERTIFICATION				100		
Š EC	permit. Tine prior	3	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	20a. AUTOPSY?
he k	sit peringiene grene pshows	三	- Marine			department of the same of the		YES NO
SION OF VITAL RECO	is certificate has burial-transit per Mental Hygiene ar Item 18 shows	1 1 1	210. ACCIDENT WAS UNDERLYING] 216. TIME C			21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY
Phy Phy	burial-trac burial-trac Mental Hy ar Item 18		OR CONTRIBUTING CAUSE OF DE					
SION C PHYSIC ending	orrig Aent	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		M. OF INJURY	19	211 LOCATION	
SIO PH)		NE L			REET, FACTORY, OFFICE, F	FARM, ETC.)	STREET	CITY OR TOWN
N S to	After the e as the alth and marked	1	AT WORK NOT WHILE					
90	R: A use control of mc		22a.1 certify that M (this haspi	tal) attended/th		1	126 19 07	
R ATTER	for of H		saw the deceased alive an abave, HTTwe) (did) (did pe	trieu the Kad		87, an	d that in (my) (aur) opinia	n death occurred an the date
2 4	REC ppt.		22b. SIGNATURE	The wife body	dier dedin.	1	DEGREE	
the h	L DIRI		[Ch 1]	46.	0		ALID . ATTENDING PHYSICIAN	MEDICAL STAFF
HOSPITA ined by	FUNERAL DIRECTION by the State Dept. ORTANT: If the Management of the State Dept.	1	22d PHYSICIAN'S NAME (TYPE O	DR PRIMET	YOU		22e ADDRESS	_ DIRECTOR _ FITTSICIA
OSI	the DRT			2000	. /		O 121	4 5 55
O HOSPITA	should be determined by the Store		DENEM H.	FARIN			71. HONE	NOUPINC >
7 2	- 01 / 2		SURIAL, CREMATION, REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION
BP.			Burial	1/30/	87 Lc	oudon 1	Park cemeter	
	1, 1011 7,0	24. FI	JNERAL DIRECTOR			2.	1229 25a. D.	ATE REC'D. BY REGISTRAR 2

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

WICOTE

JOSEPH

STATE OF MARYLAND

CERTIFICATE OF DEATH

SHEEHAN

042466 FEB

REGISTRAR

DHMH - 16 60M 7/84

(VRA 15, 4)

FIRST

JAMES

I. DECEASED NAME

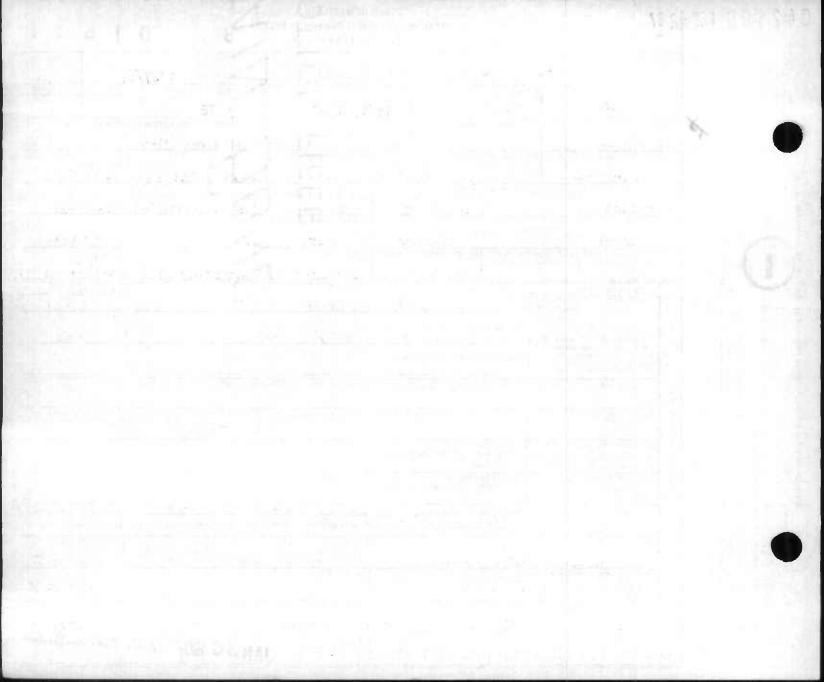
(TYPE OR PRINT)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2a. DATE OF DEATH MONTH 2b HOUR 1/27/87 8:25A M IF UNDER I YEAR IF UNDER 24 HRS YRS COUNTY OF DEATH City 126. KIND OF BUSINESS OR WORKING LIFE) INDUSTRY Self Emp Shop ZIP CODE chfield Road 21229 Weatherstein 21043 3121 Hearthstone Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HOURS ITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 1 NO [IN ITEM 18 PART I OR PART 2) COUNTY STATE 19 d > , that HT (we) last e and haur and from the causes stated 22c. DATE SIGNED

COUNTY

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S AGNATURE

Maryland



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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0	REG. NO.	U	
	HEO! TO!		_

JAN 7 = 1987 Julia Dender Randara

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-		-	-	_

	REOISTRAN				REG. N	U.	371			
	CEASED NAME FIRST	WIDDLE		LAST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR		
(1786	ANNA	GLEIM	SH	HEELY		1	5 87	2,15		
3 SEX		4 RACE	5. DATE	OF BIRTH	6 AGE IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR			
	Female	White	Man	. 22°. 1891	95	YRS	MONTHS DAYS	HOURS		
n BI	RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY	2 8		9 BALTIMORE CITY C	1.1.00	Y OF DEATH			
	MD	USA		D NEVER MARRIED	Baltin	one	City			
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWI		120 USUAL OCCUPAT			OF BUSINES		
	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)		TYPE OF WORK FOR MOST C					
FISUA	Address of the same of the sam	OR OTHER INSTITUTION GIVE RESIDENCE BEFO		iospital	Homema	aker	1 Ow	n Hor		
	STATE 13b CO	UNTY 130 CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			0404=		
	MD	Balto	0.	YES NO	301 McMe	chen	St.,	21217		
14. F.A	ATHER'S NAME FIRST	H. Gleir		15. MOTHER'S MAIDEN NA	ANIDDLE	-	L	AST		
	George			Rebec			oosem	an		
	VAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRI	255				
	No	212 50	7206	Reginald M	Reid C	Ohio				
		only one cause per line for (a), (b), a	nd (c'.)				BETWEEN	XIMATE INTERV		
	PART I. DEATH WAS CAU	SED BY: ATE CAUSE (o)	mon	100			20	days		
	DVVVCD.									
	Conditions, if ony, which	DUE TO, OR AS A CONSEQU					15	day		
	gove rise to immediate	(6)								
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	T ble	/			4,	days		
		DITIONIC								
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0									
CERTIFICATION	196. DATE OF OPERATION	I CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDING			INGS USED		
FIC.	178. DATE OF OPERATION	THE CONDITION TOR WITH	TO EKATIO	THE WAS LEST CHARLED		IN CERT	IFYING CAUSE	S OF DEATH		
ET		21b. TIME OF INJURY		21c HOW INJURY OCCUR	YES NO NO		res 🗌	NO 🖸		
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	LICUID A MA MONITU	DAY YEAR		(ENIER NATURE OF INJU	KT IN HEM 16	PART OR PART 2]			
S	(IF EITHER NOTIFY MEDICAL EXAMIT		19							
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	FARM ETC)	211 LOCATION STREET	CITY OF TO)WN	COUNTY	STA		
2	AT WORK NOT WHILE									
	22a.1 certify that (I) (ans ha	spital attended the deceased from	Dec	ember 22, 19 86	10 Januar	V4	, 19 87	, that (O(we		
10				nd that in (my) (our) opinion		ate and ha	our and from th	e causes stat		
	22b SIGNATURE	not) view the body offer deoffi.		DEGREE		V 75.60	22c. DAT	ESIGNED		
	Man	k Clinton		MA ATTENDING	MEDICAL STA		11	15/01		
4	22d PHYSICIAN'S NAME (TYP	F OR PRINT)		PHYSICIAN [_ DIKECTOK _ PHISH	MINIM	/	101		
0	M			The second second		1 243 4				
	Mark C	linton Nd			norial II Hos	pirel				
	BURIAL, CREMATION, REMOV			CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STA		
	(SPECIEY)	1/9/97	Vood1	214/12	1 \M\00d1	alv(n		MAD		

21212

74 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

4905 Yerk Read Balte. MD

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is

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and ny	Homen	fering district	EAR OUT	eo ist
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Spagerera		n Fo	H. Glai	3000
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		1200	al fulrrilla	alla Con
		04	K Charton	Mark
	afficiant of the ments	10 KW		- nde
6.4	nv Poo V		rinel.	
			and	

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

AN1	FOR STATE GREGISTRAR	D		HEALTH AND MENTAL HY	GIENE REG. N	o. n	1 0	0 3
	PECEASED NAME FIRST PEOR PRINT) Frank	MIDDLE	SA	Eppard	20 DATE OF DEATH	MONTH DAY		HOUR 12 AM
3. S	M	4 RACE	MONT	OF BARTH H DAY YEAR 12	6 AGE IN YEAR LAST BIR	YRS	THS DAYS	FUNDER 24 HRS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	JNTRY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
	Maryland CITY OR TOWN OF DEATH	U.S.A.	WIDOW	DIVORCED OR OTHER INSTITUTION	120 USUAL OCCUPAT	1018 C	174 126 KIND OF E	MD.
4	- F	UE NOT IN SUCH FACILITY, GI		ok offick institution	(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	
Usi	UAL RESIDENCE (IF NURSING HOME OF		ICE BEFORE ADMISSION	respital	Electric	lan l	Baltim	ore City
L	STATE Hab. COUNT	TIY I3c. CITY O	Timore	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	STI	T. 21201
14.1	FATHER'S NAME	WIDDLE	AST	15. MOTHER'S MAIDEN N	AME MIDDLE		LAST	
	Harvey	Theppa	rd	DETTI	700	Alber	8	
160	(YES, NO OR UNKNOWN) (1E YES, GIV	MED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDR	ESS		
	YES W	VII 2/0	09-35	Elsie R. S	heppard 218	W. Mor		St. 21201
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		(b), and ic it	C .			BETWEEN ON	SET AND DEATH
		TE CAUSE (o)	30011.1	Comce			1460	-
Z	Conditions, if only, which gove rise to immediate couse (o), stating the underlying couse lost PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A COI		I NOT RELATED TO THE TER	minal disease or con	DITION GIVEN	IN PART Tro	
CERTIFICATION	19a DATE OF OPERATION	196, CONDITION FOR	WHICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES O	S USED F DEATH?
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	ORPART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY	OFFICE, FARM ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a. I certify that (I) (this hospi sow the deceased alive an above, (I) (we) raid (did no	1 0	19 87	nd that in (my) (our) opinion	, to, to	ote and hour an	_	ot (1) (we) lost uses stated
	22b. SIGNATURE	lie Konto		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		221. DATE SI	GNED 7
	224 PHYSICIAMS NAME (TYPE O	PROME		22e ADDRESS BON	Secours Hosp	pital	Fl	
23a	BURIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	co	PINE	STATE
L	Burial	1/7/87	Loudon	Park Cemeter	y Baltimore	2	M	Maryland
24	FUNERAL DIRECTOR	Al	DDRESS	71770	TE REC'D. BY REGISTRAR			
H	ubhard Funeral !	Jome Inc 11	07 Wilke	nc Arro	AN 5 1987	11	worden.	(manne

LE C MÁI

filled in by the funeral directory page 3 sold be filed within 72 hours after death

						STATI	OF MARYL	AND						
	1.	FOR STATE			DEPART			MENTAL HYG	IENE (2)	2	n	1 6	0	6-1
		REGISTRAR					ICATE OF D	EAIH	0 4	REG. NO.	6.5		7	
		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST		2a. DATE OF I	DEATH M	ONTH D		2b. HO	JR
			Samuel		Sylvester	-	irey,	Sr.		nuary		1987	7:	30 M
dmo	3. SEX	x Male		4. RACE		5 DATE C	DAY	YEAR	6 AGE (IN YEA		M	ONTHS DAYS	HOURS	MIN.
-		RTHPLACE (STATE	00.0000.001	White	WHAT COUNTRY?		t 18,	1903	9. BALTIMOR	83	1110.	DEDEATH		
6		COUNTRY)		USA	WHAT COUNTRY!	MARRIE	,	AARRIED -		_				
100	_	Pennsylv			HOSPITAL, NURSIN	WIDOWE		VORCED [120 USUAL O		re Cit	126. KIND C	E BUSIN	MD.
1		Baltimor	7 - 1	(IF NOT IN SUC	Baltimore	ADDRESS)			Custo	FOR MOST OF V				
ell.	USUA	AL RESIDENCE (IF	NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR		tal no	spicai	Custo	dian	der	ps crv	11 .	PETVIC
100	M	aryland	13b COUN	ity .	Baltimo		13d INSIDE C	NO 🗌	820 S	Cato	zip code on Ave	. 5A	212	229
-	14. FA	ATHER'S NAME FIRST John	_	AIDDLE	Shires			FIRST	ME	MIDDLF		LAS	-	
	16a W	VAS DECEASED E		lvester	16b. SOCIAL SECU	/	17 INFORMA	nna Ni (C	`	ADDRES:	5	кає	emph	
1	()	YES, NO OR UNKNOWN Yes		WAR OR DATES)	218.03.			(301) Shire	146	52 Ple	easantv rnie, N	1d.	<u> 21061</u>
			immediate tating the ouse last.	(b)	R AS A CONSEQUE	ENCE OF	NEOH		INAL DISEASE	ORCONDI	TION GIVE	N IN PART 10	0	0
	CERTIFICATION	19a DATE OF OPE	ERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOP	_	IN CERTIFY	WERE FINDING CAUSES	OF DEA	TH?
}		21g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEA	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c HOW IN	JURY OCCURR	YES P	IRE OF INJURY	YES		NO [
	MEDICAL	21d, INJURY OCC	URRED	21e PLACE ((AT HOME, STR	OF INJURY SEFT, FACTORY, OFFICE, I	FARM, ETC)	21f LOCATIO	ON O		CITY OR TOWN		COUNTY		STATE
		sow the dec obove, (I) (w 22b. SIGNATURE	eosed alve on e) (did) (id not	ol) attended th	A ./		DEGREE	(our) opinion o	death occurred	on the date	1			toted
		22d. PHYSICIAN'S	STAVE	1	WEISS		22e ADDRES	PHYSICIAN [DIRECTOR [PHYSICIA	AN X	BAT	M	D .
		BURIAL, CREMATIC	ON, REMOVAL	23b. DATE	, 1987 G1		EMETERY OR O	REMATORY	-	ION RIOWN Caster	Lar	county	_	STATE PA

Glen Burnie, Maryland

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

M FUNERAL DIRECTOR Singleton Funeral

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene priar to burial, and MPORTANT: If Item 21 is marked at Item 18 shows any injury,

The state of the s Territ is the contract of the TIS AUTH HAT WENT WAS AND 2000 St. 200 · The second of the S. 78 71 18 11 15 701. grant Berta parameters as the second of the second of 144 2 9 587 1/14 1111

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2n DATE OF DEATH FIRST ALIDDI F LESTER pode SHOENFELD JANUARY 3 SEX 4 RACE 5. DATE OF BIRTH APRIL 27. 1914 MALE CAUCASIAN To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED CZECHOSLOVAKIA U.S.A. WIDOWEDXX DIVORCED [] IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION BALTIMORE 2411 STEELE RD. 21209 WINDOW TRIMMER ATSULAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION MARY LAND 136 COUNTY BALT IMORE 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DESIGN 13e.STREET ADDRESS / ZIP CODE 2411 STEELE RD. 21209 MIDDLE SHOENFELD ALOMON E. 61NA ADDRERANDALLSTOWN 21133 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 147-14-4180 MRS. ROSALYN BERKOWITZ 9064 ALLENSWOOD RD APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DE ATH WAS CAUSED BY: MINUTES Myoco rolla IMMEDIATE CAUSE (a)_ Diabetes Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 706. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. and that in (my) (aur) apinian death accurred an the date and have and from the causes stated idid not; view the body after death

DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS

230. BURIAL, CREMATION, REMOVAL BURTAL 1/9/87

23c. NAME OF COMETERY OR CREMATORY CHEVRAAHAVAS CHESED

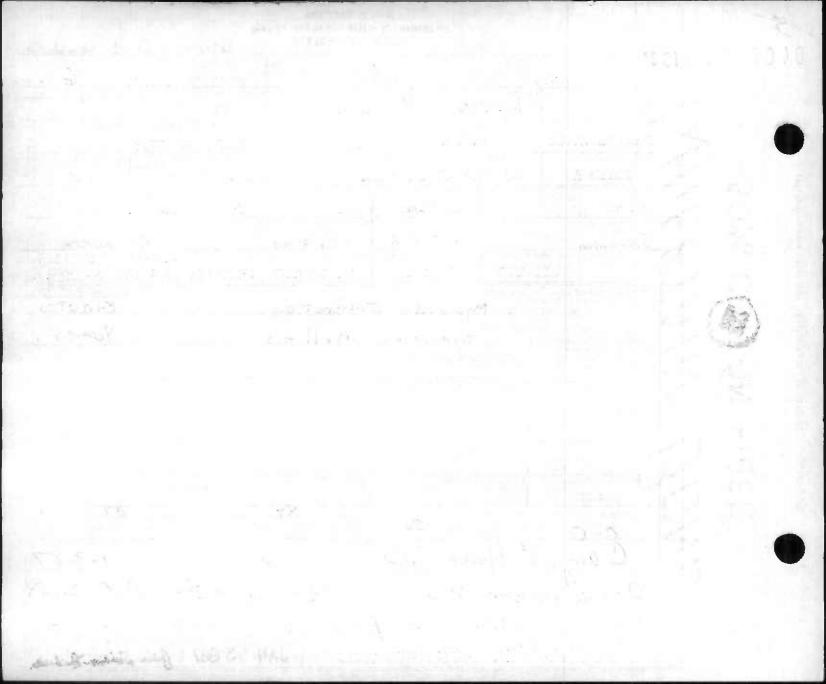
RANDALLSTOWN

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

44 FUNERAL DIRECTORSOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215

IF UNDER 1 YEAR



040806

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 REG.	NO.	0	1 0	0	C
TE OF DEATH	MONTH	DAY	YEAR	I SE HOUSE)

ľ	REGISTRA	R				CERTIF	ICATE OF	DEATH	8	REG. N	0.) 1	0	0 0
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ı	(TIPE OR PRINT)		FRAN	CIS	М.	SH	ORE	JR.	Jan	uary	7. 19	87		10:40a
ı	3. SEX		4	RACE		5. DATE C				YEARS LAST BIR		# UNDER		IF UNDER 24 HRS
ı	Male	2		Caucas	sian	Dec	. 16,	1912	74		YRS	MONTHS	DAYS	HOURS MIN
l	70 BIRTHPLACE	STATE OF FO	DREIGN 71	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	37	MARRIED 🗍	9 BALTIMO	ORE CITY O		Y OF DEA	TH	
1	Washingt	on, I	. C.	United	States	WIDOWE		NORCED	Ceci	1 Cou	ntv.			MD.
à	o city or tow Perry Pc		/	(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)	OR OTHER IN:	NOITUTION	120 USUAL	OCCUPATI	ON	LIFE) INDU	JSTRY	Gov t.
į,		CE (IF NURS)		THER INSTITUTION	GIVE RESIDENCE BEFORE 131. CITY OR TOW Chevy C	ADMISSION)	13d INSIDE	CITY LIMITS?	13e.STREET	ADDRESS Will	zip coi	DE		
	14. FATHER'S NA. Fran		M	DDLE	Shore			'S MAIDEN NAM	WE	MIDDLE		N	LAST ewt	
	160 WAS DECEA	SED EVER I	N U.S. ARM	ED FORCES?	166. SOCIAL SECU	IRITY NO.	17 INFORM			ADDRE	Hone	v Br	ook	Lane
4	Yes. NO OR UNI	KNOWN)	WW I	T WAR OR DATES)	577-07-	-2998	Jenni	s M. Sti	rickla	nd Ga	ither	csbur	o. I	Maryland
ľ	18 CAUSE	OF DEATH	Enter only	one couse per	line for (a), (b), on							BE	APPROXIA	MATE INTERVAL ONSET AND DEATH
I	PART I.		AS CAUSED	BY: CAUSE (o)	Cardio	reen	irator	arrect						
l			MAINEDIAIL			-								
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ì	underlyin	o), stating g cause	lost.	DUE TO, O	R AS A CONSEQUE	ENCE OF						240		
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ı		Bo	rela	Per-	i Je	13110	, de	> sale	MANE DISEN	SE OK COIA	DITION	IAEIA IIA LY	AKI IIO	
	198. DATE O	OF OPERAT	ION	196 COND	ITION FOR WHICH	FOR WHICH OPERATION WAS PERFORMED			20a AUT	OPSY?	IN CERT	ES, WERE I		IGS USED OF DEATH?
1	21a. ACCIDE	NT WAS UND		21b. TIME C		AV VEAR	21c HOW I	NJURY OCCURR	RED (ENTERN	ATURE OF INJU	RY IN ITEM 18	PART I OR P	ART 2}	
1		NOTIFY MEDIC	AUSE OF DEATH		M. MONTH DA	AY YEAR								
1	0	YOCCURR		21e. PLACE	OF INJURY		211 LOCAT	ION		CITY OR TO	04/84	cour	NITY	STATE
I	WHILE AT WORK	NOT WHE	IE 🗌	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	SIRE			CHYORIO	****	200.		STATE
ı	220 I certi			l) ottended th	e deceosed from]	Deceml	er 24	, 19.86	, to	anuary	7 7	. 198	37 x	KKKKKKK
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1	22d. PHYS10	CIAN'S NA	ME ITYPE OR	PRINT)			22e ADDRE	SS						, ,,
1	AR	TD MO	типпр	IN, M.I			VAMC	Perry	Point	. Md.				
ŧ	23a. BURIAL, CRE					NAME OF C		CREMATORY	234 LOC	ATION				
	A COCCIEVE	emati		Januar				Cremato	ory A	lexan	dria	COUNTY	Vir	ginia
ŀ	24 FUNERAL DIR	ECTOR R	obert		phrey Fu				E REC'D. BY		T-	STRAR'S SI		
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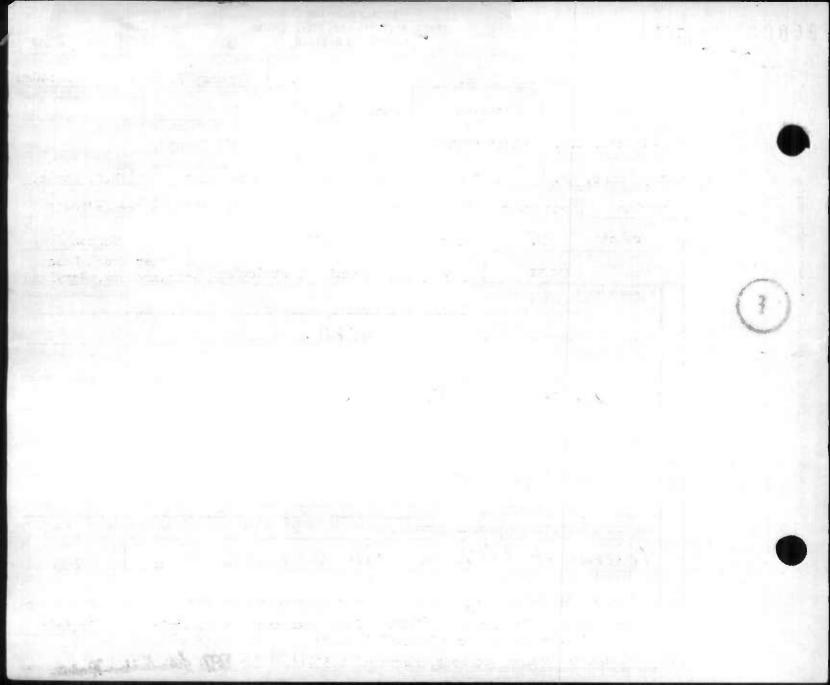
(VRA 15, 4)

IMPORTANT: If Item 21 1

DHMH - 16 60M 7/84

TO HOSPITAL OF

BP.



DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

STATE OF MARYLAND 0 0

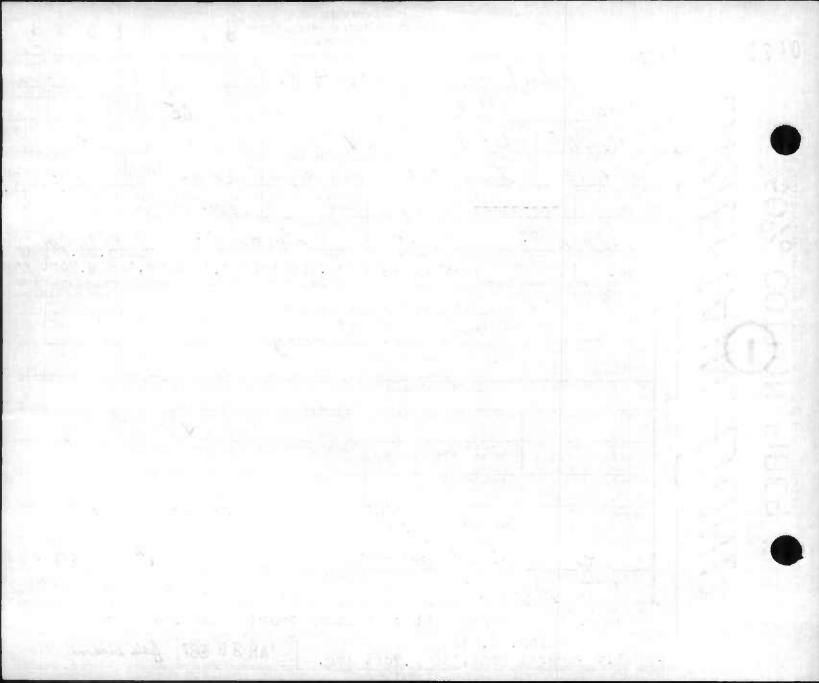
1118				E OF MARYLAND	0 1 0	11 /
	STATE REGISTRAR			FICATE OF DEATH	REG. NO.	
I. DEC	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH GAY YEA	R 26. HOUR
1000	EDWAF	RD	SHO	DREY	JANUARY 14 1987	7:45
3. SE)	The state of the s	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 Y	
K	M	В	5 MONT	Bay YEAR 35	51. YRS	
7a. Bii	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	1
-			WIDOW	ED DIVORCED	BALTO CITY	
	ITY OR TOWN OF DEATH		ONE PREPOSEDIT	OR OTHER INSTITUTION PAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST DISABLED	ID OF BUSINESS TRY
	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL		DENCE BEFORE ADMISSION) Y OR TOWN	\$13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
ID.		BAL		YES K NO	1737 N BRADFORD ST.	21213
14.FA	ATHERS NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
1	ADOLPHUS		OREY	GERTRUDE	BY	
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDRESS	10-01-9
	TES, NO OK UNKNOWN) (IF TES G		322206	ARMSTELLA D	ORSEY 1737 N. BRADFOR	D ST.
	18 CAUSE OF DEATH (Enter of	anly ane cause per line far	(a), (b), and (c)		APF	PROXIMATE INTERVAL
	PART I. DEATH WAS CAUS	SED BY. ATE CAUSE (a) STA	TUS POST	ARREST		
	cause (a), stating the underlying cause last	107	AL FAILUI		INAL DISEASE OR CONDITION GIVEN IN PAR	
NO.	CANCER OF	THE RECTUR	Λ			Tlio
TIFICATION.	THE DUTY STATE OF THE STATE OF			ON WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED
AL CERTIFICAT	CANCER OF	196 CONDITION FO	OR WHICH OPERATION		IN CERTIFYING CAU	NDINGS USED ISES OF DEATH? NO []
CERTIFICAT	CANCER OF 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTHEY MEDICAL EXAMINI 21d. INJURY OCCURRED	196 CONDITION FO	OR WHICH OPERATION Y NTH DAY YEAR 19 RY DRY OFFICE FARM ETC.)	21c. HOW INJURY OCCURP 21f. LOCATION STREET	YES NOTE IN CERTIFYING CAU YES TENTER NATURE OF INJURY IN ITEM IS PART I OR PART CITY OR TOWN COUNTY	NDINGS USED ISES OF DEATH? NO
AL CERTIFICAT	CANCER OF 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (1F EITHER NOTEY MEDICAL EXAMINI 21d. INJURY OCCURRED NOT WHITE AT WORK 22a Leastify that III (this bass	21b. TIME OF INJUR HOUR A.M. MC P.M. 21c. PLACE OF INJU (AT HOME STREET, FACTO (CONTROLL) Offended the descent	OR WHICH OPERATION Y DNTH DAY YEAR 19 RY ORY OFFICE FARM ETC.) Seed from JANUA	216, HOW INJURY OCCURE 216, LOCATION STREET ARY 11 19 87	YES NOT IN CERTIFYING CAU YES NOT YES COUNTY CITY OR TOWN COUNTY JANUARY 14	NDINGS USED ISES OF DEATH? NO
AL CERTIFICAT	CANCER OF 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (19 EITHER NOTE WEDICAL EXAMINI 21d. INJURY OCCURRED 270.1 certify that [1] (this hass sow the deceased alive o obave, [1] (we) (did) (did o	21b. TIME OF INJUR HOUR A.M. MC P.M. 21c. PLACE OF INJU (AT HOME STREET, FACTO (CONTROLL) Offended the descent	Y ONTH DAY YEAR 19 RY ONY OFFICE FARM ETC.) 34 34 34 37 36 37	211. LOCATION STREET ARY 11 19 87 and that in (my) (aur) apinion of	YES NOT NOTIFYING CAU YES NOTIFYING CAU	NDINGS USED ISES OF DEATH? NO state that 1 (we) the couses state
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AL CERTIFICAT	CANCER OF 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (1F EITHER NOTEY MEDICAL EXAMINI 21d. INJURY OCCURRED 27a.8 certify that [1] (this hasp saw the deceased alive o abave, (1) (we) (did) (did n 22b. SIGNATURE	21b. TIME OF INJUR HOUR A.M. MC P.M. 21c. PLACE OF INJU (AT HOME STREET, FACTO DITO) offended the decean JANUARY ON PRINCE OR	OR WHICH OPERATION Y ONTH DAY YEAR 19 RY ORY OFFICE FARM ETC.) Sed from JANUA 4 19 87	211. LOCATION STREET ARY 11 87 and that in (my) (our) apinion of Physician [22e ADDRESS CHURC	YES NOT IN CERTIFYING CAU YES NOT YES THE NATURE OF INJURY IN ITEM 18 PART LOR PART CITY OR TOWN COUNTY JANUARY 14 19 87 death occurred an the date and have and from MEDICAL DIRECTOR PHYSICIAN CH HOSPITAL CORPOR	NDINGS USED (SES OF DEATH? NO
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DHMH - 16 60M 7/84 (VRA 15, 4)

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U4 23 / 8 JAN		ASED NAME FIRST	MIDDLE	l.	AST	20. DATE OF		TH DAY	YEAR	7b. HOUR
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a pod	3. SE		4 RACE	5. DATE C	F BIRTH	& AGE (INY	EARS LAST BIRTHDAY	n IF UND	DER I YEAR	IF UNDER 24 HRS
ge 4		Male	White	MONTH	20 22		65	YRS.	DATS	HOURS MIN.
2 hours		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO	OUNTRY? 8.	NEVER MARRIED	9. BALTIMO	RE CITY OR CO	OUNTY OF D	EATH	,
1/11/11		Maryland	U.S.H.	WIDOWE	DIVORCED [050	& times	re	47	MD.
· 43	10 6	30/HIMORE	11. NAME OF HOSPITAL (IF NOT HIS SUCH FACILITY, O	SING STREET ADDRESS)	Gen. Hospita	-000	K FOR MOST OF WOR	KC1 ay	Mak Mak	er, Lock
ND 212 24 hours sald be mark be	13a. S	AL RESIDENCE (IF NURSING HOME OF ATTE	ROTHER INSTITUTION, GIVE RESIDE	OR TOWN	13d INSIDE CITY LIMITS?		ADDRESS ZIP	CODE	-	0.1nsul 21230
T 1 1 1	14. F/	THER'S NAME		77776	15 MOTHER'S MAIDEN NA	1 40		11/1200		
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# 10 10	16a \	VAS DECEASED EVER IN U.S. A		IAL SECURITY NO.	17 INFORMANT		ADDRESS	Balto		.21230
Page 1		res, no or unknown) (IF yes, G	215	124343	Mrs. Virgin	nia H.	Jackso	on, 128	3 W.	Fort Av
BALI orte orte orte t, thu		18 CAUSE OF DEATH (Enter o	inly one couse per lipe for to	o), (b), and (g).)	71			L	BETWEEN	MATE INTERVAL DNSET AND DEATH
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SICIA mg ph mg ph miol-h miol-h ltem	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	AIII	19						
M M M N N N N N N N N N N N N N N N N N	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJUR	Y RY, OFFICE, FARM ETC.)	211. LOCATION STREET		CITY OR TOWN	C	OUNTY	STATE
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TENDI for on the of the		22a. I certify that (I) (this hasp sow the deceased alive or	11112				N. 23	, 19	7.1	that (I) (we) lost
ATT osput ed fo nt. of m 21		obove, (I) (we) (did) (did n	ot) view the body after deo	th.	d that in (my) (our) opinion	deoin occurre	d on the dote of		77c DATE S	
he he he hocher		/ /st.	1/ hen. l.	Hold on	ATTENDING _	MEDICAL	STAFF	1//	1/2	3/57
HOSPITAL ned by the FUNERAL I'ld be dere the Stote ORTANT:		774. PHYSICIANIS NAME (1192	OFFENDS A	0	1770 ADDRESS	DIRECTOR	PHYSICIAN		1/2	110
0 00 0		J.J. A	TCEVEDO		3001	S. /+	ANOVE	5	V. C	Best ma
		BURIAL, CREMATION, REMOVA SPECIFY) Removal	1/23/87	33c. NAME OF C State A	emetery or crematory natomy Boa:	734 LOCA	ATION PICO. Ma	arv la	ทช	STATE
BP	74 F						EGISTRAR 756 I			IDE
DHMH - 16 60M 7/B4 (VRA 15, 4)		NAME BAT	to.Md.2123	ADDRESS		AN 28	1987	Julia D	cordery	Ran ilm
(4MM 13, 4)	IA	ccully Funer	ar Home,	O E FOLL	Ave.			J		



STATE	OF	MARYLAND	
SIAIC	UT	MARILAND	

489 JAN		FOR			DEPARTA		E OF MARYLAND IEALTH AND MENTAL HY(TENE ()	7	0 1 6	0
G O Y JAN	121	REGISTRAR					ICATE OF DEATH	J	REG. NO.	0 1 0	0
1		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DE		DAY YEAR	26 HOUR
S deoth 3	(14)	E OR PRINT)	Geo	orge	M. Sh	river	Jr.		JAN	11587	1100
in all	3 58	Х		4. RACE		5. DATE O		6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
2	K	Male		White		June	9, 1901		85 YRS		HOURS MIN
2 Po	16	COUNTRY	OREIGN [76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE	CITY OR COUN	NTY OF DEATH	- 11 J.Y.
N N	The same of the sa	Maryland	12.67		USA.	WIDOW	DIVORCED	Balti	more C	City	٨
2/1		ITY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET LON Memor:	G HOME (OR OTHER INSTITUTION	12a USUAL OC	CUPATION IR MOST OF WORKING	126 KIND OF	BUSINESS
%I	1	ltimore Cit	-/-				ospital	Account	tant	Ship	ping
og Pl	130	AL RESIDENCE (IF NURSI STATE Aryland	136 FOUN	timore	Pikesvii		134 INSIDE CITY LIMITS?	134 STREET ADI	DRESS / ZIP CO	DDE	
(B			- 200	CIMOLE	111469411	76	YES NO T		.d Court	Rd.	21208
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edico	160	WAS DECEASED EVER I		WAR OR DATES)	16b. SOCIAL SECU 213-05-0		17 INFORMANT			Old Court	
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ovol.		18 CAUSE OF DEATH PART I. DEATH WA	Enter onl	y one couse pe					777	APPROXIM BETWEEN OF	NATE INTERVAL
eme				CAUSE (o)	KESPIL	2000	BY BRREST				
or o				DUE TO C	R AS A CONSEQUE	NCE OF					
nom,		Conditions, if ony,		((b)	SEVER		216 HT HE	ORS PA	BILURE		
smo er tr		gove rise to imm couse (a), stating		DUE TO C	R AS A CONSEQUE	NCE OF					
r oth		underlying cause	lost	(c)			colosis.				
to burn lury, o	2	PART 2. OTHER SIGN	IFICANT C	ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE O	R CONDITION (GIVEN IN PART 1:0	
0	CERTIFICATION	in a live of opening		Tun com					Tour se		
a b	PF S	19a. DATE OF OPERATI	ION	196. COND	II ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CER	YES, WERE FINDING RTIFYING CAUSES O	OF DEATH?
Hygien 8	1 2	21g. ACCIDENT WAS UNDE		21b. TIME C	DE BALLIEN		In unaversal			YES	NO 🗆
Mental-transi		OR CONTRIBUTING C				Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM I	18 PART I OR PART 2)	
hem I tem I	MEDICAL	(IF EITHER NOTIFY MEDIC			М.	19					
9	MED	21d. INJURY OCCURRE			OF INJURY REET, FACTORY, OFFICE FA	ARM, ETC)	21f. LOCATION STREET	C	ITY OR TOWN	COUNTY	STATE
th o		AT WORK AT WORK									
Heo is m		22a.1 certify that				JB	, 17	10	02 11		hot (I) (we) l
of 121		about (1) (we) (de	olive on_ (did not	view the body	ofter deoth.	, or	nd that in (my) (our) opinion	deoth occurred o	n the dote and h	hour and from the co	ouses stated
)ept Hen		77% SIGNATURE	6	1		-	DEGREE			22c DATE S	IGNED /
tote L		1-00	100	ex		N	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	Jon	17 2
TAN	1	THE PHYSICIAN'S NA	ME I HE OF	PRINTS			22e ADDRESS				
with the Stote		RAS	DA 6	E. Ay	ASH		UNION M	EM ORIL	Sold of	PPINO	219
3 ≦	23a.	BURIAL, CREMATION, R		23b. DATE		AME OF C	EMETERY OR CREMATORY	23d LOCATIO)N	, , , , ,	0.0
1,15		Buris					e Park Cem.	Baltin	ore	Baltimor	e STAMO
H - 16 60M 7/B4	24 F	UNERAL DIRECTOR	10	011	Eckhard	t Fun	eral ChapelDAT	E REC'D. BY REG	STRAR 256. REG	ISTRAR'S SIGNATU	RE
15, 4)	1	J 7. 2 1	Vacer	de	Owings !	M lls	, Md. 1/		187 Aus	la Diridioni	
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Accountant displaying					
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Euro Euro	rein Perk C rundrel One Lla, Md.	camio			

	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 /	0 6 0
JAN 21 97 DE	CEASED NAME FIRST	WICOTE	LAST	REG. NO.	ONTH DAY YEAR 26 HOUR
	E OR PRINT)		54	1 , ,	122
TYP	2/1	4 RACE	DOLL MAN 15. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHI	
3. 30	11		MONTH DAY YEAR	AGE (INTEARS CASTORING	MONTHS DAYS HOURS MIN
1	ALE	W HITE	09 15 1907	197	YRS.
7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	
	ithuania	U-1.A.	WIDOWED DIVORCED	BALTIMORE	CITY
10.0	TITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET. 	G HOME OR OTHER INSTITUTION	130 PAL PCE MOST OF A	OYED 126, KIND OF BUSINESS O
20	baltim ore	Levindale		Shoe rei	WORKING LIFE) INDUSTRY SHOE REPAIR
	TAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		APT. 6A
130.	STATE 131 COUNTY BAT.T			3922 ROLLI	NG RD. #21208
14 F	ATHER'S NAME	O. DAULTIN	15. MOTHER'S MAIDEN N		
W 3/1)	FIRST	MIDDLE LAST	FIRST	WIDDLE	UNKNOWN
Š 140 1	ISADORE WAS DECEASED EVER IN U.S. AR	SHUMAN MED FORCES? 1166 SOCIAL SECU			
0		E WAR OR DATEST	1 1 1	. ROSE SHUMAN	nin in in in
£	NO	1718-18	- 1204 3922 Ro	LUNG-10, 11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ol, cremotion	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		<u> </u>
N N	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PART 110
CERTIFICATION	19a DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
W W	21a. ACCIDENT WAS UNDERLYING	THE PARTY OF THE P		RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
71 4	OR CONTRIBUTING CAUSE OF DE		19		
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		
W W	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC } STREET	CITY OR TOW	N COUNTY STATE
age and a second	AT WORK AT WORK		10-1 10 9	6 10 1-10	03
21 is	sow the deceased alive on	tol) attended the deceased from	0-	0 . 10	e and hour and from the couses stated
E .	226. SIGNATURE	1	DEGREE		22c DATE SIGNED
		41656	ATTENDING PHYSICIAN	MEDICAL STAFF	I-11-87
7	224 PHYSICIAN'S NAME (TYPE O	OR PRINT)			34 Belverdere A
41	THE LILL SICIAL STANKE CLIEB				
/get		ET HTWAR	the shine a	e Marylan	2 21215

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR 6010REISTERSTOWN RD.

23a BURIAL, CREMATION, REMOVAL

HTWAR 236. DATE 23c. NAME OF CEMETERY OR CREMATORY

BALTO., MD

Maryland BALTIMORE

MD STATE

(SPECIFY) OHEL YAKOV JAN.12,1987 BURIAL SOLLEVINSON & BROS., INC.

21215

July 10 Sal Brown Fr what he is not a second to the I Diserbush James suched Self-instruction of the self-i



BP.

(VRA 15, 4)

3 1 5 7 FFB -5	FOR 1 - STATE 1 - TREGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	FIENE 8 7 0 1 5 1 2
	DECEASED NAME FIRST ROBERT	E. Sieck Jr.	OI (28 87 4 5 m
ge 4 m		Casian 03 11/32	6. AGE (IN YEARS LAST BIRTHDAY) STATEMENT OF THE STATEME
deoth.	Maryland \	F WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH BALTO CITY MD. 1126. USUAL OCCUPATION 126. KIND OF BUSINESS OR
by the filed w		h BALTIMORE General Hosp	(Type of work for wost of working (**E) Truck Driver Truck Driver Truck Driver
filled out of he	STATE TO THE COUNTY	136. CITY OR TOWN 136. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13 STREET ADDRESS / ZIP CODE ROAD
omple of the with	ROBERT E SO WAS DECEASED EVER IN U.S. ARMED FORCES:	Sieck SR RENTH	ADDRESS ROBERTS
be exe	YES, NO OR UNKNOWN) (EYES, GIVE WAR OR DATES) KOTEAN	215 28 1876 Janet E. Sie	eck Same as 13e
ing Fry or removal	PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)		Noma of Thelum
he of the centre	Conditions, if ony, which gave rise to immediate	OR AS A CONSEQUENCE OF SMALL CELL CARCU	Noma of Thelung
gned by the or	underlying cause lost (c) PART 2. OTHER SIGNIFICANT CONDITIONS.	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	
law requi		Troly Te ImBalance, Hyp DITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
hysician. hysician. rransit pe rransit pe l Hygiene	HOUR	OF INJURY A.M. MONTH DAY YEAR	YES NO YES NO RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
PHYSIC ending this ce to buring dor Ite	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLAC	P.M. 19 E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
DING ar off After se os the colth ar marke	WHILE NOT WHILE AT WORK AT WORK 220 certify that (1) (this hospital) attended	the deceosed from Nanuary 20, 19 8 7	to Vanuau 28. 19.87, that (I) (we) lost

sow the deceased glive on January 28 above (i) we did this not with body after death. 19 \$7, and that ir(my)(our) opinion death accorred on the date and hour and from the causes stated 22b. 51G DEGREE 221 DATE SIGNED MEDICAL STAFF ATTENDING PHYSICIAN active

22e. ADDRESS

MARIA ARTINEZ, MD

300 HANOVER

1/31/87 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c NAME OF CEMETERY OF CREMATORY Cedar Hill Cemetery

23d LOCATION Ball timore

COUNTY A. 51Md

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

George J. Gonce 4001 Ritchie Hgwy Balto Md

The state of the rest of the state of the St

other troumotic event.

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CERTIFICATION

	STATE OF MARYLAND	
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	2
MIDDLE	LAST 2e D	Α.

	EALTH AND MENTAL HYG	SIENE 8 7	0	}	6 !	ડં		
l	AST	20. DATE OF DEATH	MONTH [DAY YE	AR 2b	HOUR P		
SILVERN	IAN	January	16, 1	987]	2:30 M		
5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BII		FUNDER 1		URS MIN.		
MARRIE WIDOWE	DIVORCED D	9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD.						
REET ADDRESS)	VE., APT. 502	128 USUAL OCCUPATION [CONSULTANT WORKING LIFE] INDBUSTNESS						
FORE ADMISSION) OWN IORE	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	136.STREET ADDRESS 7111 PARK				502 21215		
N	IS MOTHER'S MAIDEN NA FIRST HANNAL		KR	AMER	LAST			
3878	3023 OLD CO	SALLE HEER OURT RD. B	LER ALTO,,	MD	2120	08		
and (c).)	ulalulauhm			BETV	PROXIMATE VEEN ONSE 1 OU Z	INTERVAL I AND DEATH		
DUENCE OF	Culinapula :	treease		7	100	113		
OUENCE OF						Dender		
TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	EN IN PAI	RT [wolf			
ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF	YING CAL	USES OF I	USED DEATH?		
DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	ART I OR PAR	17 2)			
CE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	OWN	CQUNI	Ι¥	STATE		
m 5/18	d that in (my) (aur) apinian	to G/26 death occurred on the d		and from		(I) (we) lost es stated		
70).	ATTENDING PHYSICIAN	MEDICAL STA			ATE SIGI			
	6111 PARK H	rs. AVE. 1s	t FL.		ro.,			
31. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	ODE	COUNTY	2427	orré!What		

morked or frem (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended they deceased from If Item 21 is 101 saw the deceased olive on_ abave, (1) (y) (did) (did nat / view the body after death. 22b. SIGNATUR should be deto with the State [MPORTANT JOHN MANN, M.D. 230 BURIAL, CREMATION, REMOVAL 23b DATE BURIAL 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 6010 REISTERSTOWN RD. (VRA 15, 4)

FOR STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

MALE

MARYLAND

To. BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

BALTIMORE

MARYLAND 4 FATHER'S NAME FIRST

SOL

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gave rise to immediate couse (o), stoting

underlying cause last.

90. DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

18 CAUSE OF DEATH (Enter only one couse per

3. SEX

FIRST

MENDEL

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE
13b. COUNTY
13c. CITY OR TOWN

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (0

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT

21b. TIME OF INJURY

21e. PLACE OF INJURY

WHITE

USA

76 CITIZEN OF WHAT COUNTRY?

NAME OF HOSPITAL NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 7111 PARK HEIGHTS AV

> 13c CITY OR TOWN BALTIMORE

166 SOGIAL SECURITY NO.

21209-3878

SILVERMAN

DUE TO, ORAS, A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATIO

HOUR A.M. MONTH DAY YEAR

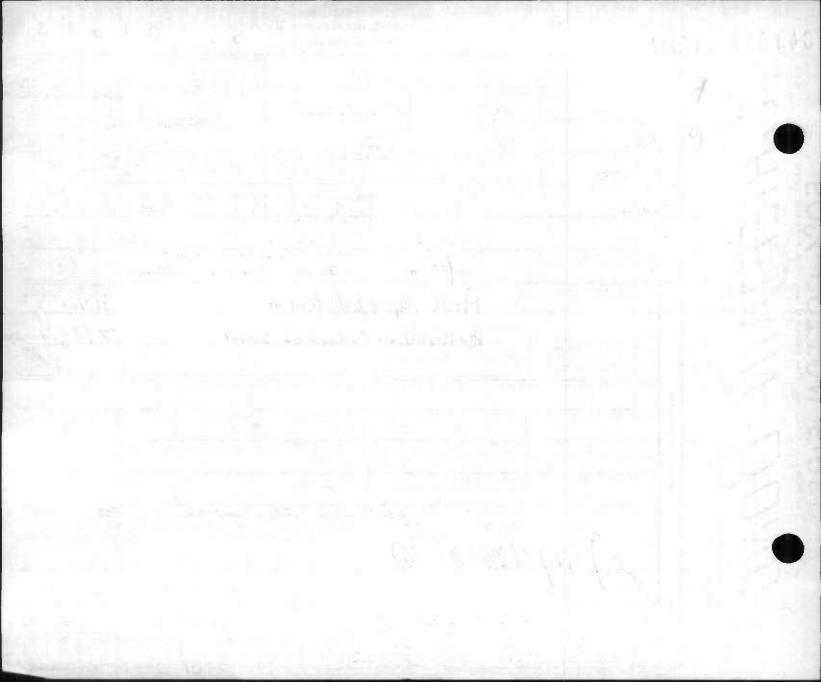
23t. NAME OF C 18, 1987CHIZUK AMUNO

BALTIMORE

MARYLAND 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

SOL LEVINSON & BROS, INC. BALTO., MD

21215



110							STATI	OF MARYLAND	S I S I S I			
942340 J.H. 3 GAZ REGISTRAR				STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 G 6 6							
				EASED NAME FIRST		MIDDLE	L.	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
De De	poge 3		(I ter	OR PRINT)	LLIAM	JIAM SIMMERS		TANTITADY	06 10	07	2 . 2 7APIV	
moy	od a		3. SE		4. RACE			F BIRTH	6. AGE (IN YEARS LAST		HUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.	
4	ctor.		N	ALK	CAUC			- 1 - 1917	69	YRS		
Pog dire		0)4	70. B(RTHPLACE (STATE OR FOREIGN	76. CITIZEN C	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED WINEVER MARRIED WINDOWED DIMORCED D		9. BALTIMORE CITY OR COUNTY OF DEATH				
of h.	erol 72	25	COUNTRY)		(1				BALTO-	CITY		MD
p to	a for	P	IO CI	TY OR TOWN OF DEATH			NG HOME C	R OTHER INSTITUTION	120. USUAL OCCUPA			OF BUSINESS OR
il s	by the	holified	8	ALTO.		LR.CH	DSP.		(TYPE OF WORK FOR MOS	T OF WORKING LIF	E) INDUSTRY	
24 hour	illed in	nust be	13a. S	TATE 136 C	NE OR OTHER INSTITUTE	BANTO	VN	13d. INSIDE CITY LIMITS?	134 STREET ADDRESS	ZIP CODE	.2	1224
iş.	sho e	- in	14. FA	THER'S NAME		LONKIO	`	15. MOTHER'S MAIDEN NA		101 31-		000/
3	uplete and 2		14	I FIRST	WIDDIE	SIMMERS		MYRTHE	WIDDLE	<	STROOM	ST Ø
cute	s 1	cole	160 V	AS DECEASED EVER IN U.S		? 166. SOCIAL SECU		17 INFORMANT	ADD	RESS	31700.	
e exe	Page.	medi	(,		WII	224-28	-5018	MILDRED SI	mmrrs .	SAME		
erefront	a physici anpoper	event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME	USED BY:			RY ARREST			BETWEEN	ONSET AND DEATH
4	of the second	Motic		DUE TO, OR AS A CONSEQUENCE OF								
4	100	/E		Conditions, if ony, which gove rise to immediate								
47	44	ž		couse (o), stating the underlying cause lost	DOL 10,	OR AS A CONSEQU	ENCE OF					
#	nd by	en pleas bhriol. ury, or o			(c)							
210	014			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
- 1	9 7 9	i.	15	ARTERIOSCI		CARDIOV		AR DISEASE	20a AUTOPSY?	Tank is vec	S, WERE FINDS	NCCHEED
1	9 6 9	1	CERTIFICATION	198. DATE OF OPERATION	198. CON	IDITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NATOPST!	IN CERTIF	YING CAUSE:	
F 3	cate ronsi	S S	E.	210. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY		21c. HOW INJURY OCCUP				
AA	1 1 1 0	E 6		OR CONTRIBUTING CAUSE O	DEATH		AY YEAR					
YSIC	S cerio	or Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P		P.M. E OF INJURY	19	211. LOCATION				
HA DY	fer this		WE	WHILE NOT WHILE AT WORK	(AT HOME	STREET, FACTORY, OFFICE,		STREET	CITY OR	TOWN	COUNTY	STATE
TTENDI	TOR: A for use of Health	21 is mo		220.1 certify that (1) (his h saw the deceased always obove, (1) (we) (did (di	JANUA	RY 26 19	<u>87</u> • r	Y 26 19 and that in (my (our) opinion	87, to TANUA death occurred on the		198	7that (I) we kast
A SO IN	NL DiREC	# Item		226. SIGNATURE	P. N	azem	i /	DEGREE ATTENDING PHYSICIAN	MEDICAL S1	AFF	22c DATE	26/87
ATIO	VERA Sede			22d. PHYSICIAN'S NAME (T	YPE OR PRINT)		220 ADDRESCHURCH			DOD V m I	TONI
HOSP	O FUN hould b	- N		A.F. NAZE	DAT 34 D			100 N. BRO	DADWAY BA	LTIMO	DE MI	21221
0.5	0 6	- 2 -		DAL NALE	IV IV			1 - 2 214 10111	ATT DU		ALL PLANTS	10 6 6 3

23c. NAME OF CEMETERY OR CREMATORY

CROWNSVILLE

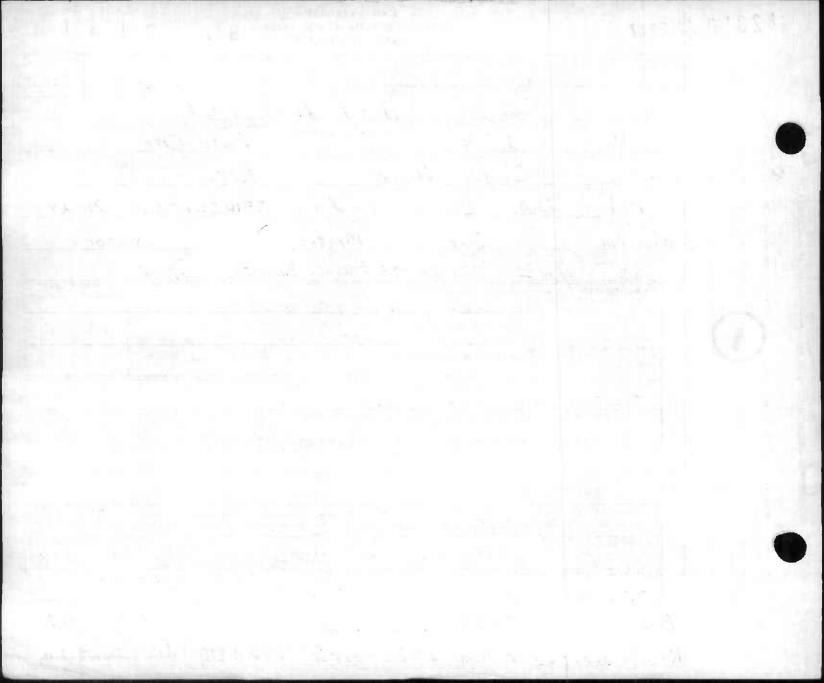
FUNERAL HOME 2525 FLEET &

23d LOCATION

JAN 28 1987 Julia Serian La

DHMH - 16 60M 7/B4 (VRA 15, 4)

DURIAL 24. FUNERAL DIRECTOR



ATTENDING

TO HOSPITAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	37	FOR STATE FEGISTRAR	DEPAR		ICATE OF DEAT		B /	0 1 6))
ı		CEASED NAME FIRST	WIDDLE		AST	20 DATI		H DAY YEAR	2b HOUR
	(TYPE	ORPRINT) MARY	ATKINS	SI	MMONS		1	2487	5 40 M
	3 SEX	EMALE	1. RACK	5. DATE (EAR	75	MON HS DAYS	MD. F BUSINESS OR AMD. F BUSINESS OR 1216 TREET T MATE INTERVAL MIN. MD. F BUSINESS OR AMD. F BUSINESS OR MIN. MD. F BUSINESS OR MIN. MD. F BUSINESS OR MIN. MD. F BUSINESS AND MIN. MIN. MD. F BUSINESS AND MIN. MIN. MD. F BUSINESS AND MIN. MIN
1	C	RTHPLACE (STATE OR FOREIGN OUNTRY) CAROLINA	76 CITIZEN OF WHAT COUNTR	MARRIE	D NEVER MARR	IED 9 BALT			AAD
2	-		11. NAME OF HOSPITAL, NUR.	SING HOME (ION 120 USU			OF BUSINESS OR
1	13n S	TATE 136 COLD	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION	YES NO	□ 18			
>	14 FA	FIRST	MIDDLE LAST				MIDDLE	A.3	«ST
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE		17 INFORMANT CHART	REG. NO. To Date of Dath Month Day YEAR TO HOUR			
		PART I. DEATH WAS CAUSE	DBY.	antial I	March	on	APPRO: BETWEEN	SIMATE INTERVAL LONSET AND DEATH	
		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSECUENCE OF THE TO, OR AS A CONSECUENCE OF THE TORSE OF T	left Above Tree Angutation			11	days	
	ATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING T	18.3			UTOPSY? 706.	IF YES, WERE FIND!	INGS USED
2	RTIFIC	1/13/87	Ischen	uie L	eft Ley	YES [NODING	YES 🗌	
1		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	6 216 HOW INDURY	OCCURRED (ENTE	R NATURE OF INJURY IN ITE	EM 18 PART I OR PART 2)	
	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	CE, FARM ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		sow the received olive on	1/24/77 19		nd that in my (our)	opinion death occ	urred on the date an	7 19 and from the	
		276 SIGNATURE	uslander	2			AL STAFF		SIGNEDY 14/87
		22d PHYSICIAN'S NAME (TYPE OF	3 restin		22e ADDRESS	Hespital	0		
	- 1	SPECIFY					CITY OR TOWN		
SOUTH CAROLINA SOUTH CAROLINA NAME OF HOSPITAL, NURSING HOME OR OTHER RISTITUTION The USUAL OCCUPATION The KIND OF BUSINESS THE USUAL OCCUPATION Th					TURE				

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the

The Design of the Edition of the State of th

l ₁	1	2	3	7	1	At
		ag kow	Bone 3	ter death.		
4		Poge 4	diecto	poors of	1	0

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL F	0 /	0	ł	6	1 0
Catherine LAST Simms	REG.		DAY	YEAR	26 HOUR
Simms	3	an.	10	87	104%
5. DATE OF BIRTH	6 AGE (IN YEARS LAST)	BIRTHDAY)	IF UNI	AR I YEAR	IF UNDER 24 HR

1	FOR STATE		DEPARTA		EALTH AND MENTAL HYG	IENE 8 7	0	1 6	1 6
	LASED NAME FIRST	Facette	MIDDLE Cathe	rine	Simms	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
/	Est Ell				mms		911	10,87	10/PN
1. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS
F	Emale	cave		5	1 99	87	YRS		
	IRTHPLACE (STATE OF FOREIGN	75 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
	m d.	1 US	A	WIDOWE		Ratimore	5 C	124	ME
Ay. C	ITY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON	126 KIND O	F BUSINESS OR
Vo	-11:00 000 00		H FACILITY, GIVE STREET	1	mana	(TYPE OF WORK FOR MOST O		(E) INDUSTRY	
USU	AL RESIDENCE (IF NURSING HOVE	OR OTHER INSTITUTION		ADMISSIONI	Manor	Housewif	е	1	
Tie.	STATE N3 CC	YTHU	13c CITY OR TOW		136 INSIDE CITY LIMITS?	13e STRFFT ADDRESS			0.464
	aryland	Q.A.	Chester		YES NO X		Steven	ns Drive	e 21619
7	ATHER'S NAME	WIDDLE	ŁAST		15 MOTHER'S MAIDEN NA.	WE		LAS	7
1	Charles		Buck		Frances			(unkn	
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (1F YES.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	SS Cat	onsville	e, MD
1	No	GIVE WAR OR DATES!	217-22-5	113A	R. Donald S	imms. 1492	N. Ro	lling Re	d.,21228
W. 18 18 18 18 18 18 18 18 18 18 18 18 18	Conditions, if any, which gave rise to immediate stating the stating the cause lost.	DUE TO O	AS A CONSEQUE	REOF ages	of the l	ung in	IK	2-3	houth
CERTIFICATION	PART 2 OTHER SIGNIFICAN			_	NOT RELATED TO THE TERM	INAL DISEASE OR CON		EN IN PART LIC	
RTIFIC						YES NOT	IN CERTIF	FYING CAUSES OF DEATH?	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH	PFINJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED NOT WHILE At WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F.	ARM ETC 1	21f. LOCATION STREET	CITY OR TO	IWN /	COUNTY	ST ATE
	220.1 certify that (1) this had sow the deceased alive above. If we idid (did				nd that in (my) (our) opinion	, tadeath occurred on the d	ate and hou		Marie and
	1276 SIGNATURE	F. Der	relias	4	ATTENDING PHYSICIAN	MEDICAL STA		In DATE	0/87

23a BURIAL, CREMATION, REMOVAL

23d LOCATION

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

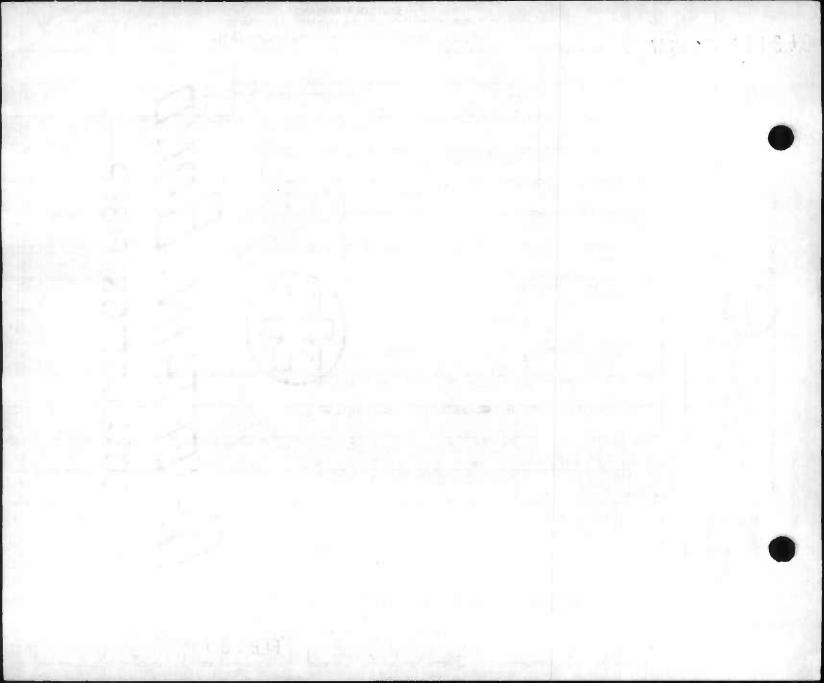
236 DATE 01-14-87 Burial

Balt. National Cemetery Baltimore Balt.

| 1250 Date ReCid. By Registrar | 236 Registrar Signature

24 FUNERAL DIRECTOR Tom Helfenbein Funeral Home, Chester, MD 21619

ellered Catherine Mana 03 .074 SSES. OR Section of the purch because of nation are daily preventing familiary rather they belt in the sec 18a, 21a., -22a., G-625, by STATE OF MARYLAND



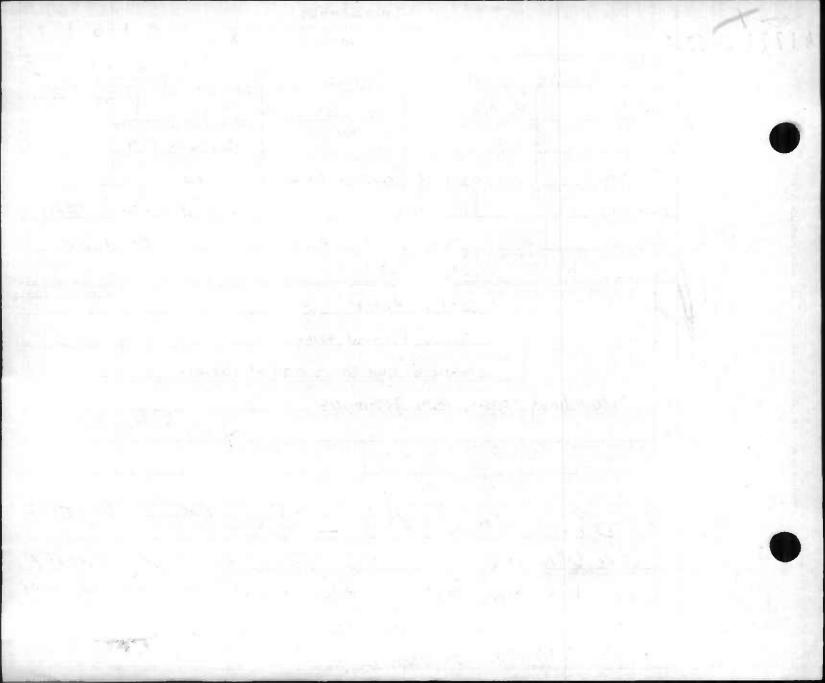
2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

(VRA 15, 4)

STATE OF MARYLAND

Tee J.8 53

177 / IAN 27	71.	FOR STATE REGISTRAR		DEPARTA	MENT OF HEA	OF MARYLAND LITH AND MEN ATE OF DEAT	TAL HYGIEP		0	1 6	1 9
tro. poge 3	{TYP	CEASED NAME FIRST Willie		MIDDLE B	5im	0005	2	REG. N	MONTH 20		26 HOUR /2 M
oge 4 mo	3. SE	Make	BL AC		5. DATE OF	DAY	VEAR	AGE (IN YEARS LAST BIS	YRS	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
funeral di		IRTHPEACE (STATE OR FOREIGN COUNTRY)	U.S.	WHAT COUNTRY?	MARRIED WIDOWED		CED	Baltimore city		y.	MD.
201 rs ofter thed w	E	Baltimure	Univ	HOSPITAL, NURSING CHEACILITY, GIVE STREET.	Hayla			La USUAL OCCUPAT TYPE OF WORK FOR MOST		12b. KIND O INDUSTRY	F BUSINESS OR
AND 21:	13a M	AL RESIDENCE (IF NURSING HOME OF STATE 13b COL	OR OTHER INSTITUTION	Balting	N 13	M. INSIDECITY L		STREET ADDRESS 717 Druid		rire	2617
maryLand red within 24 conpletely filler odd 2 should xdmine mus	G	ATHÉR'S NAME FIRST	MIDDLE	Simon	Ś	s. MOTHER'S MA Fani	DEN NAME	MIDDLE		urdiva	nt
BALTIMORE,	1	WAS DECLASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	236-10-		7. INFORMANT		ADDR	ESS		
692	9	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse pe ED BY. ATE CAUSE (o)	Cardiac	Arrest					BETWEEN C	MATE INTERVAL ONSET AND DEATH
so that the death cert and by the attending please remove carbon prior, certain and control of the certain and	Con	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)_	Anoxic Aras a conseque Prior ged	Enceph.	alopathy tensim o	y and L	<i>урохетт</i>			
	NO	PART 2. OTHER SIGNIFICANT		ONTRIBUTING TO D	Asthn		THE TERMIN	AL DISEASE OR CON	DITION GIVE	N IN PART 110	
TAL RECOI	CERTIFICATION	19a DATE OF OPERATION	196 KOND	ITION FOR WHICH	OPERATION	WAS PERFORME	D	20a AUTOPSY?		WERE FINDIN ING CAUSES	
ON OF VITA HYSICIAN: The ding physicia is certificate buriol-transit Mentol Hygie		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A	DF INJURY .M. MONTH DA .M.	AY YEAR	ZIc HOW INJURY	Y OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT TOR PART 2)	
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The low requir or otherding physicion. After this certificate hos been as es the buriol-tronsis permit. The olth and Mental Hygiene prior to marked or hem. 18 shows any injury	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F		II LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
TTENDI pitol or TTOR: A for use of Heol		sow the deceased alive a above (1) we) (I did (did n	. / -				9 <u>X 7</u>) opinion dec	to	ote and hour	ond from the	that (1) (we) lost couses stoted
F 0 0 0 7		De Win	Lin		M	PHYS	NDING SICIAN []	MEDICAL STA	FF CIAN D	221 DATE	0/87
O HOSPITAL TO FUNERAL should be det with the Store		Le Win	Liu	MD		22. ADDRESS 225. G			Himu	re, Md	, 21201
BP		BURIAL, CREMATION, REMOVA Burial	1/26	10-	edar]	AETERY OR CREA		23d LOCATION CITY OR TOWN	Md.	COUNTY	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24. F	uneral director C. Mainwrigh	t 2700	Edmonds	on A.		250 DATE R	EC'D. BY REGISTRAR	25b PCC	PARTI	JRE
					V						



040313 JAN -1087

DHMH - 16 60M 7/84

(VRA 15. 4)

- STATE

TTYPE OR PRINTS

REGISTRAR

I. DECEASED NAME

Wabb 4015 W. Rogers Avenue APPROXIMATE INTERVAL ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES Y NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 22c DATE SIGNED DIRECTOR PHYSICIAN 201 RUNIVERSITY 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL CITY OF TOWN STATE OF Anne Arundel Co Burial 1/7/87 Cedar Hill Cemetery REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Julia Dicordion Rendales

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

YRS

YEAR

IF UNDER I YEAR

INDUSTRY

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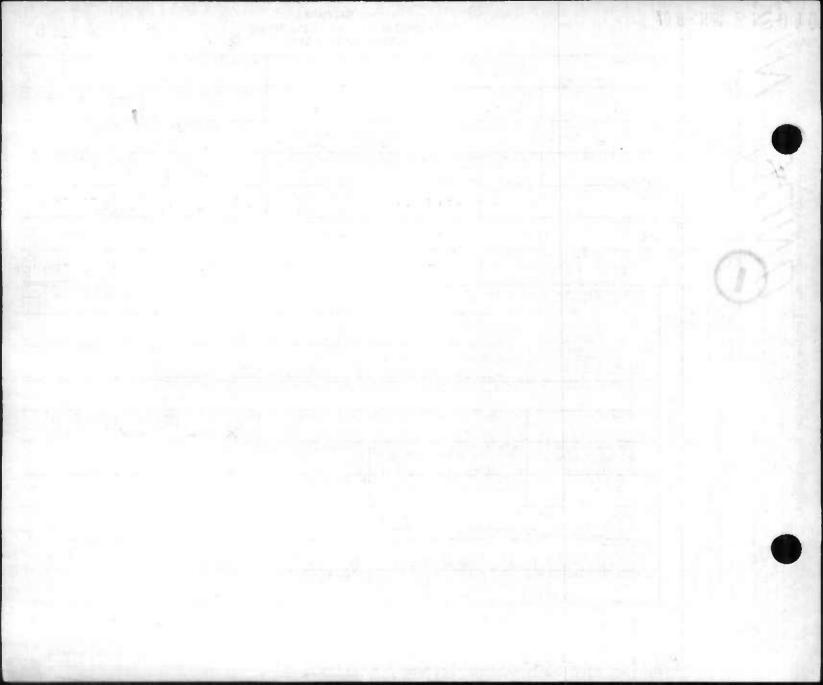
2b HOUR

12b. KIND OF BUSINESS OR

6 Hm

IF UNDER 24 HRS

20 DATE OF DEATH



N -1	1 87	FOR STATE REGISTRAR GENEV	VIEVE C.		MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE	3 REG. N	0	1 6	21
10 (CEASED NAME FIRST	M	HODLE	Stre	AST	2a. DATE	OF DEATH	MONTH C	YEAR YEAR	126 HOUR 4: 58 A
	3 SE				S. DATE O		6. AGE 87	(IN YEARS LAST BIR		IF UNDER I YEAR	
27	· ·	RTHPLACE (STATE OR FOREIGN COUNTRY) Balto., Md. ITY OR TOWN OF DEATH Balto.	USA 11. NAME OF H	OSPITAL, NURSIN FACILITY, GIVE STREET HOSPI	WIDOWE IG HOME (ADDRESS)	D NEVER MARRIED D DIVORCED DR OTHER INSTITUTION	Ba	MORECITY C ltimo: ALOCCUPAT WORK FOR MOST C MEMAKE	re Ci	ty 126. KIND	MD. OF BUSINESS OR Y
	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU Md. ATHER'S NAME FIRST JOSEPH C. S WAS DECEASED EVER IN U.S. A	MIDDLE Streb	Balto	N .	13d. INSIDE CITY LIMIT YES ▼ NO □ 15. MOTHER'S MAIDEN FIRST Sarah (17. INFORMANT	31	ET ADDRESS 09 Sha	annon		e 2121
of Other if Other is of the state of the sta		NO 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIAL Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR		diction of the control of the contro	Cardiany.		04 La	ceside		. 21218
Arabit Air carolic of Hall Market	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT SOURCE 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE ALWORK AT WORK	196 CONDIT	INJURY A. MONTH DA	OPERATION AY YEAR	NOT RELATED TO THE N WAS PERFORMED 21c. HOW INJURY OC 21l. LOCATION STREET	20a A	UTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FIND YING CAUSE	PINGS USED S OF DEATH?
APOKIANI: H Rem ZI IS mor		220.1 certify that (I) (this hasp sow the deceased alive a obove. (I) (we) (did) (did in 22b. SIGNATURE	of view the body of	19_	5 .	DEGREE ATTENDIN PHYSICIA	NG _ MEDIC		FF \2		, that [I] (we) lost the couses stated TE SIGNED
_		BURIAL, CREMATION, REMOVA (SPECEY) BUrial UNESA BRITMINER F	1/6/8	37 1	Holy	Redeemer 250		OCATION CITY OR TOWN Balto BY REGISTRAR		COUNTY RAR'S SIGNA	STATE

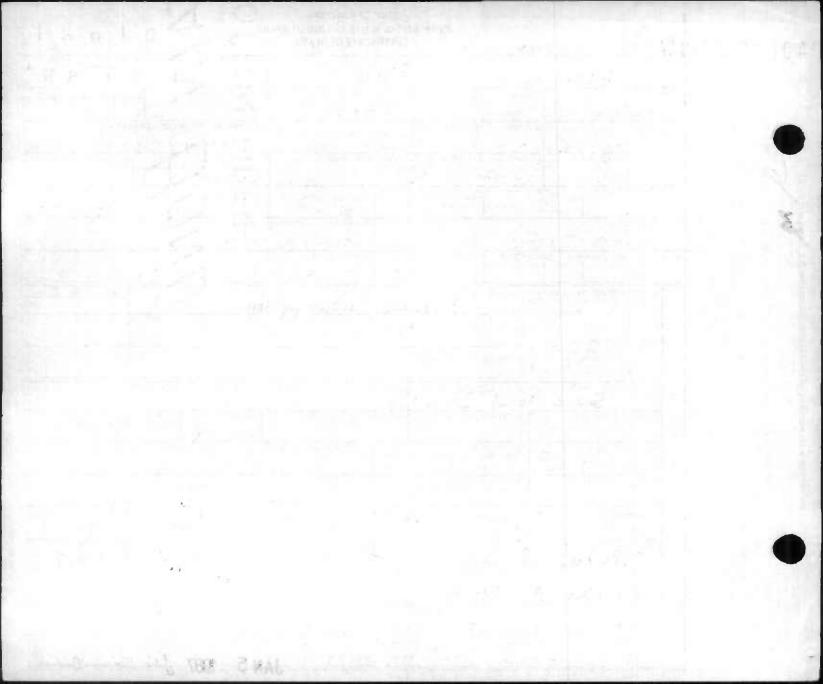
DHMH - 16 60M 7/84

TO HOSPITAL

(VRA 15, 4)

Burial 1/6/87 Holy Redeemer

THE FUNE SCHIEFFUNE Funeral Home Inc. 256 3331 Brehms LAne, Balto., Md. 21213



n and campletely filled in by the funeral director, page 3 Pages 1 and 2 shauld be filed within 72 hours after death

MPORTANT: If Item 21 is marked ar Item 18 shaws ony injury, or other TO FUNERAL DIRECTOR: After this certificate hos been signed by the should be detached for use as the burial-transit permit. Then please month the State Dept. of Health and Mental Hygiene prior to burial, crements

BP.

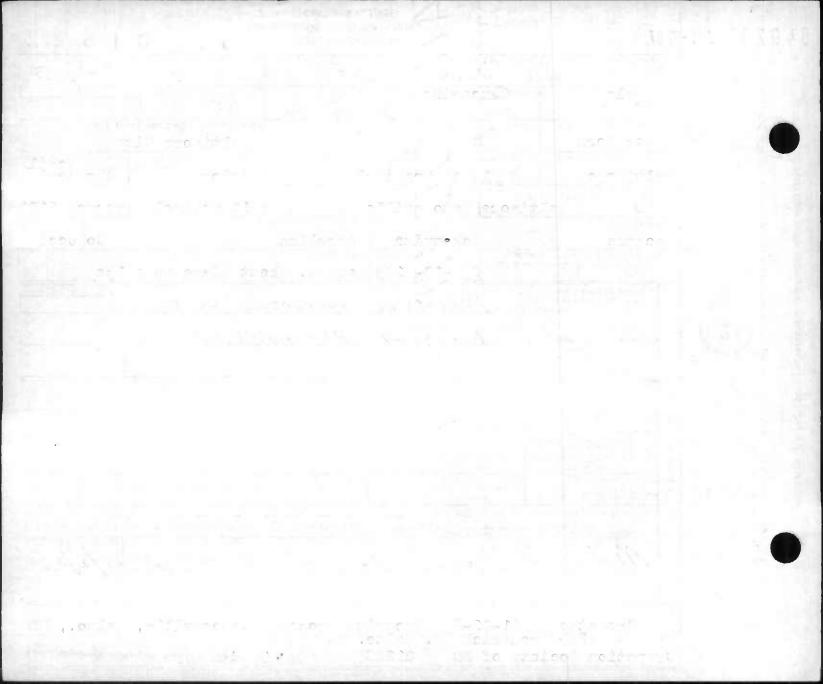
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(VRA 15, 4)

STATE OF MARY	YLAND
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8	REG. NO.	0 !	Ö	2	d day
					_

-	FOR FOR REGISTRAR	DEPARTM	NENT OF HEALTH AND MEN CERTIFICATE OF DEA		7 0		2 2
1		NTHONYMIDDLE N N N N	SKETT	I 20. DATE O	REG. NO.	. 67	HOUR 3127
133	MALE MALE	RACECaucasian	5. DATE OF BIRTH MONTH DAY 09 14	YEAR 6. AGE (IN			UNDER 24 HRS
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MAR	CED Bal	timore Ci		MD.
1	Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A ST Agnes Hos	spital		OCCUPATION EK FOR MOST OF WORKING LIFE CS .	126 KIND OF A INDUSTRY IN Chemi	Tobii Lcal
1	MD Bal	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY Ltimore Catons	ville yes N		address / zip code Seminole	Avenue	21228
1	Gactana	Scketuir			MIDDLE	Colu	acci
	(YES, NOOR UNKNOWN) (IF YES, GI	rmed forces? 166 SOCIAL SECUR 166 SOCIAL SECUR 166 SOCIAL SECUR 166 SOCIAL SECUR		. Skett	Same as #		
		nly one couse per ling (or /a), (b), and ED BY: ITE CAUSE (a)	DIAL INFR	RCTION,	ACUTE	APPROXIMATI BETWEEN ONSE	E INTERVAL
		DUE TO, OR AS A CONSEQUEI (b) OR ON A DUE TO, OR AS A CONSEQUEI (c)	NCE OF	THE TERMINAL DISEAS		EN IN PART 110	
	190 DATE OF OPERATION 12/24/26 210. ACCIDENT WAS UNDERLYING	choleyshis, c			NO YES	, WERE FINDINGS YING CAUSES OF	USED DEATH?
		ATH HOUR A.M. MONTH DA	Y YEAR 19	Y OCCURRED (ENTER NO	ATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)	
	OK CONTRIBUTING CAUSE OF DE (# ESTHER NOTIFY MEDICAL EXAMINE 716. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	sow the deceased alive ar	oital) attended the deceased from n19 at) view the body after death.		9	ed on the dote and haur	ond from the cou	, , ,
1	276. SIGNATURE PHYSICIAN'S NAME (TYPE	Efelopy OR PRINT)		NDING MEDICAL SICIAN DIRECTOR	STAFF PHYSICIAN	224 DATE SIG	NED 2
+	23a BURIAL, CREMATION, REMOVAL	1 23b DATE 23c N	IAME OF CEMETERY OR CRE	MATORY 73d LOC	ATION		
1	(SPECIFY Cremation 24 FUNERAL DIRECTOR 299 F	01-02-87 Se	ecurity Pro	cess Cat	ONSVILLE, REGISTRAR 25h REGISTR		
- 10	Cremation Soci	1000000	21228	JAN 6 19		RAR'S SIGNATURE	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5. DATE OF BIRTH

WIDOWED [

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
South Baltimore Hospital

Skiba

MARRIED A NEVER MARRIED

YES [

14

DIVORCED

NO X

Akilia

15. MOTHER'S MAIDEN NAME

MIDDLE

White

76 CITIZEN OF WHAT COUNTRY

U.S.A.

13c CITY OR TOWN

Baltimore

Dzwonczyk

Florence

b. COUNTY

A.A.

ALIOUI

4 RACE

8 7 REG. NO.	0	6	2	Š
DATE OF DEATH MONTH	30	S->	26 HOL)R)2 A
AGE (IN YEARS LAST BIRTHDAY) 72 YRS	MONTH	DER TYEAR	# UNDER	AAIN,
Baltimore C		EATH		MD.
a USUAL OCCUPATION FUTE OF WORK FOR MOST OF WORKING HOUSEWITE	LIFEI IN	DUSTRY HOM	F BUSINI le Ma	ker
eSTREET ADDRESS / ZIP COI 212 Old River	side	e Roa	d 21	225
MIDDLE		LAS	==	
APPASade enberger 622	na, Cyri	Md 2	1122 e	2
Sujarch	~	APPROXI BETWEEN C	MATE INTE	RVAL DEATH

166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Florence Ros 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lie CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OF LOWN (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 22a 1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an above, (1) (we) (did) (did) view the body after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED

BP__

DHMH - 16 50M 4/83 (VRA 15, 4)

should be determined by the Stote

130 BURIAL, CREMATION, REMOVAL Burial

22d PHYSICIAN'S NAME

- STATE

3. SEX

REGISTRAR

DECEASED NAME

Female

TO BIRTHPLACE ISTATE OF FOREIGN

West Virginia

Theodore

M. CITY OR TOWN OF DEATH

Baltimore

Maryland

M. FATHER'S NAME

2/2/87

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

22e ADDRESS

203 E

23d LOCATION
CIT Balltimore

COUNTY.A.

Mo

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

George J. Gonce 4001 Ritchie Hgwy Balto Md

FEB 3 199

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

Julia Mordin Rodae

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		allrea		e nagy		
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100	COLLEGE	ya diamat.		S. 188		
			offes war	rie Indah	Little at	Legico.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR ICDECEASED NAME 20. DATE KNOWN TT WIMPE OR PRINTI ESTI-E S FOR YOUR FILES.
ED, WITHIN 72 HOURS DOROTHY E. DEATH MATED K SLACK DELAY IS NECESSARY, PLE 3 TO THE FUNERAL DIRECTOR POUR FILE PORT OF YOUR FILE D. WITHIN 72 HOU AGE (IN YEARS IF UNDER I YR. SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS 7d HOUR 24. DATE LAST BIRTHOAY) PRONOUNCED Female White 19 1925 61 DEAD 2-4-87 19 41:01PM 76. CITIZEN OF WHAT COUNTRY? A BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. WIDOWED X DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Housewife Baltimore 3200 Northway Drive USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3200 Northway Drive 130. STATE 13d. INSIDE CITY LIMITS? Maryland Baltimore YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST ALIDONE FIRST Vincent Mazerski Maryanna Sroka 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) I CIE YES GIVE WAR OR DATES! 219-14-2221 Sharon P. Roach 48045 Crenshaw Ave. 21206 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION 19a DATE OF OPERATION USED / 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF HE INER: 1710 ICATE, WRITING THE WOLKLE TO WARARDED TO THE CHI FOR: PAGE 3 SHOULD BE UI HTHE STATE DEPARTMENT OF YES [] NOXX 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY 71f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK COUNTY TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE B. H. MORE, MARYLAND, 21201 Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy THE CERTIFIC SHOULD BE Natural causes X Hamicide Undetermined manner death resulted fram: Accident TITLE (SPECIFY) ACTUAL DAssistant 2-5-87 ___MEDICAL EXAMINER SIGNATURE SIGNED EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 73a BURIAL, CREMATION, REMOVAL 23b DATE 73r. NAME OF CEMETERY OR CREMATORY 236. LOCATION STATE Burial Feb 7 1987 Parkwood Cemetery Baltimore Maryland 07/84 BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** Leonard J. Ruck, Inc. Baltimore, Maryland (VR A15 ME (5))

STATE OF MARYLAND

The same of the sa of the property of the contract of the contrac

(VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 REG. NO. 0 1 0 2

		OR PRINT)	RST	WIDDIE		T	2a DATE OF DEATH MON	TH DAY YEAR	26 HOUR 5:15 A.
-	SEX	Har	4 RACE	2	Sloan,		1-23-87	IF UNDER 1 YEAR	701
3	SEX	Male	Whi	to		26-1922 YEAR	64	MONTHS DATS	
70	BIR	THPLACE (STATE OR FORE)		F WHAT COUNTRY?	8.		9 BALTIMORE CITY OR CO	UNTY OF DEATH	
	CC	Mo.	U.S		MARRIE	D NEVER MARRIED DIVORCED	Balto. C		MD.
2		Balto.	2908	Halcyon A	ADDRESSI	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Ret. Salesma	KING LIFE) INDUSTRY	OF BUSINESS OR
5 13	3a ST	Md.	HOME OR OTHER INSTITUTION	on give residence before 13 CITY OR TOW Balto.			13e STREET ADDRESS / ZIP 2908 Halcyon	Ave. 212	14
2	FAT	Harry	MIDDLE	Sloan, Sr.		IS. MOTHER'S MAIDEN NAM	WIDDLE	Ruth	AST
16		AS DECEASED EVER IN U			IRITY NO.	17 INFORMANT	ADDRESS		
L	, 3	es	YES GIVE WAR OR DATES)	493-18-3	3525	Catherine M.	Sloan, Same		
	1	8 CAUSE OF DEATH (E PART I. DEATH WAS	nter anly one couse of	Ine for (o), (b), and	dic	neu morse	medical	APPRO BETWEEN	XIMATE INTERVAL
, and the	20		CANT CONDITIONS	OR AS A CONSEQUE CONTRIBUTING TO D DITION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY? 20b	IF YES, WERE FIND	INGS USED
4							YES NO	CERTIFYING CAUSE	NO [
		?]a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE	E OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN I	TEM 18 PART OR PART 2)	
/ Value	MEDI	WHILE NOT WHILE AT WORK	(AT HOME	E OF INJURY STREET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) (this saw the deceased a above, (1) (we) (did)		/19_	, ar	nd that in (my) (aur) apinion o	to		, that (l) (we) last e causes stated
	1	226. SIGNATURE	m D. G	2/	m.		MEDICAL STAFF	1-7	E SIGNED
1		William		Jr./M.D		7801 York Rd	1.		
23		Burial Burial	1-26			edeemer	Balto., Mo	COUNTY	STATE
84		NERAL DIRECTOR Conard J. R		77.		25a DATE	REC'D. BY REGISTRAR 256 F		

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

1-6	STATE			DEPARTA		EALTH AND MENTA		0 7	0	1 6	3 2	1
	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	0	1 0	See .	
	CEASED NAME	FIRST	1	MIDDLE	L	AST	2a. DAT	E OF DEATH M	ONTH DA		26 HOUR >	1
1	ON PRINTI	Anna	Cat	herine	S	loffer			1 - 03	3 - 87	1000 A	M
3. SE			4 RACE		5. DATE C		6. AGE	(IN YEARS LAST BIRTHE		UNDER 1 YEAR	IF UNDER 24 HR	
	Female		Whit	9	5	- 12-1908	3	78	YRS.	DAYS DAYS	HOURS MI	4.
To B	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		- 9 BALT	IMORE CITY OR		OF DEATH		-
	TT'I'more,		U. S.		WIDOWE		Be	altimor		ty.	A	MD.
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13a.	AL RESIDENCE (IF NURS STATE Maryland	13b COU		Baltim	N	13d INSIDE CITY LIMI YES A NO	TS? 13e.STR	ET APPRESS 4	IP CODE	Street	t 212	224
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	WAS DECEASED EVER	IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17 INFORMANT				21228		Di
ľ	YES, NO ORTHNKNOWN)	(11 123, 01		214-12	-4128	Mr. Chai	les T	Benzi	ing-2	110 A	rlonr	re
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CERTIFICATION	19a DATE OF OPERA	TION				N WAS PERFORMED		UTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED	7
MEDICAL CEI	210. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DE	R) P./	m, month da m,	YEAR	21c. HOW INJURY O	CCURRED (ENI	ER NATURE OF INJURY	IN ITEM 18 PAR	T I OR PART 2)		
MED	21d. INJURY OCCURI	HILE	21e PLACE (OF INJURY BET, FACTORY, OFFICE, F		211 LOCATION STREET		CITY OR TOWN	٧	COUNTY	STATE	
		ed olive or		- 21 19 1	R.6 , or	nd that in (my) (***) op	sinion death acc	urred on the dote	ond hour			ast
	orph D	> - (Votore	melo			NG MEDIC	CAL STAFF	W 🗌	22c. DATE	5-198	7
	22 PHYSICIAN'S N		OR PRINT)	0		22e ADDRESS						
				10, M.D.				Place, B	altimo	ore, MI	2120	12
	BURIAL, CREMATION,			23c N	AME OF C	EMETERY OR CREMAT	ORY 23d. 1	OCATION CITY OR TOWN		COUNTY	STATE	

DHMH - 16 60M 7/84

Burial

(VRA 15, 4)

Ceme tery-Baltimore, Maryland

Burial Jan. 7,1987 New Cathedral C

A FUNERAL DIRECTOR John A. Moran, Ind. Funeral Home St.; Balto., Md. 21224.

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FOR STATE REGISTRAR DECLASED NAME FIRST MIDDLE FLUNK 4 RACE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5. DATE OF BIRTH MONTH

11101	8	REG. N	١٥.	0	!	6	2	1
	20. DATE OF	DEATH	MONTH	DA	Y	YEAR	26 HOL	JR
			1	8		37	12:3	305
	AGE (IN YE	ARS LAST B	RTHDAY)	1F	UNDE	RIYEAR	IF UNDER	24 HRS
	75	-	Y	RS MO	NTHS	DAYS	HOURS	MIN
	9 BALTIMO	RECITY	OR COL	NTYC	F DE	ATH		
	BAI	LTIM	ORE	CIT	Y			N
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MARYLAND	FOREIGN TO CITIZEN OF		RIED NEVER MARRIED	DAT DIT	MORE CIT		A
CITY OR TOWN OF DEA		HOSPITAL, NURSING HOM	E OR OTHER INSTITUTION	128 USUAL OCCU (1YPE OF WORK FOR M EXECUTIV	PATION OST OF WORKING LIFE)		
	13b, COUNTY	GIVE RESIDENCE BEFORE ADMISSION BALTIMORE	13d. INSIDE CITY LIMITS YES X NO [SS / ZIP CODE D CEDAR I	APT PLA.	. 101 #21209
NATHAN	MIDDLE	ALKIN	15. MOTHER'S MAIDEN			SCHAM	AST AN
a. WAS DECEASED EVER	IN U.S. ARMED FORCES? HEYES GIVE WAR OF DATES! WW.I.IARMY	212-01-375		MRS. HELEN ^{AI} CEDAR PLA.	SMALKIN BALTO.	APT.	101 21209
PART I. DEATH W	H (Enter only one cause pe (AS CAUSED BY: IMMEDIATE CAUSE (o)	Penal	Cell EA	Rus .		APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
	DUE TO, C	R AS A CONSEQUENCE OF					

IMMEDIAT	ECAUSE 10) Heral Cell CA. AND	
	DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gove rise to immediate	(b) Mer Arres	
couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	

90. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA		
			YES NO	YES NO		
210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PARI 1 OR PART 2}		
214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	DWN COUNTY SI		

AI TOTAL				
22a. I certify that (1) (this hospital) attende			18	, that (I) (we) lo
sow the deceased alive on bove, (I) (we) (did) (did not) view the b	oody after death.	d that in (my) (our) opinion death occurred on	the dote and hour one	d Irom the couses stated
77E SIGNATURE	D	EGREE		22c. DATE SIGNED

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 1/8/87

224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

23d LOCATION
CITY OF TOWN
RANDALLSTOWN 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE BURIAL JAN.11,1987 BETH EL MEM. PARK

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO. MD

21215

Julia Sinder Rande .

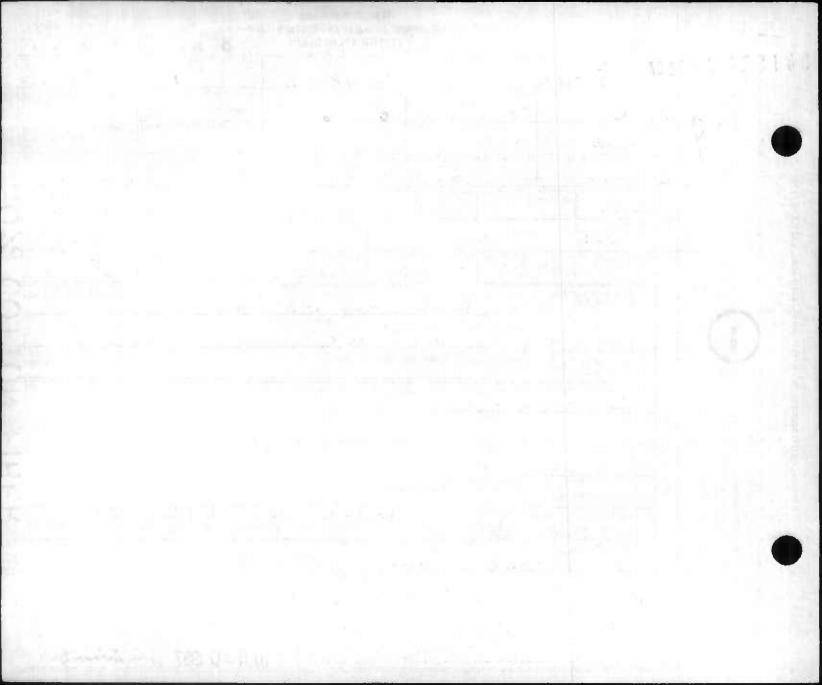
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DHMH - 16 60M 7/84

(VRA 15, 4)



STATE	OF	MARYLAND

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s of rs of		female	wh:	ite	1-1-	DAY YEAR	64	YRS.	MONTHS DATS	HOURS MIN.
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MARYLAND 212C ed within 24 hours mpletely filled in b and 2 should be fill asominer must be n	130 S Má	AL RESIDENCE (IF NURS IN A MICO TATE BYV Land Ball THER'S NAME FIRST	ltimore 1	ive residence before 3t. CITY OR TOV Catons:	ville YE	INSIDE CITY LIMITS? S NO S	13e.STREET ADDRES	ss / zip codi Avenu	e 2122	8
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nos bu	IFIC/	176 DATE OF OPERATION	170. CONDIT	ION FOR WHICE	TOPERATION W	AS PERFORMED	YES NO	CERTI	FYING CAUSES	OF DEATH?
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OR Porched		226. SIGNATURE	0 /)	DEG				22¢ DATE	SIGNED
구독 구성하고		Lenns H.	muth		M	ATTENDING PHYSICIAN	DIRECTOR PHY	STAFF YSICIAN [1/22	/87
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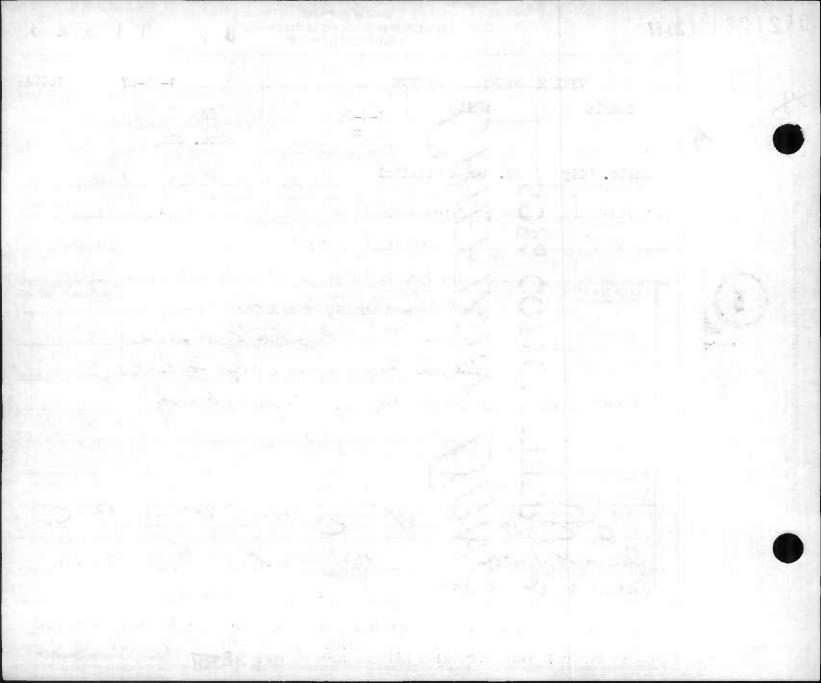
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(VRA 15, 4)

24. FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

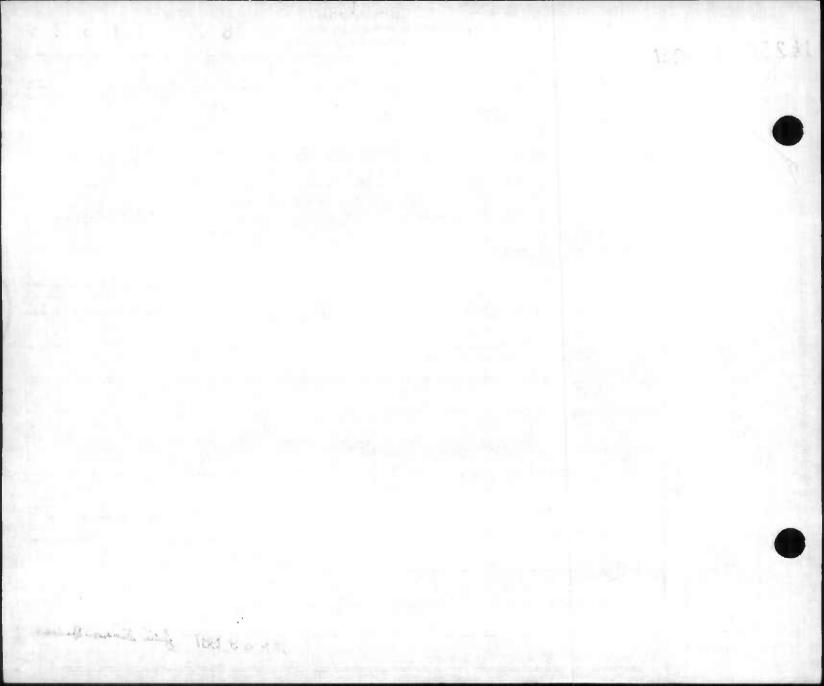
REGISTRAR 256. REGISTRAR'S SIGNATURE

Julia Dinderno Kastoni.



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UNISION OF VITAL RECORDS, 201 W. PRESION SI., BALLIMOKE, MARILLAND 21201	4
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mit hee	ou A	M	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
hos per	S M	Ĕ	Carried Co.			YES T NOT	IN CERTIFYING CAUSES OF DEATH?
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or or Africa	E O			tal attended the deceased from	January 19 1087	" Janvisu	82 10 87 short (100)
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aspin d for	E 2		above (T)(va) (did) (did	Jahvary 8.2 19		acom accorde an inc a	
e briche	# # #		22b. SIGNATURE	900	DEGREE	MEDICAL STA	22c DATE SIGNED
AL AL			(X HELLENGE	m, 1100	ATTENDING PHYSICIAN [MEDICAL STA	CIANTS //20/8/1
LER be	A		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS,	11 - 0 01	1
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Shot of	<u> </u>	02.	Marique Or 1	a verified place	10 7 37 17	In location	101/11/02/00/
			SURIAL, CREMATION, REMOVAL SPECIFY)		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY DIAM
BP			BURIAL		BUTUS MEMORIAL PARI		BALTIMORE, MARYLLAND
HMH - 16 60	M 7/B4			INERAL HOME, INC.	25a. DIA	ENCS BREISEAN	THE STORMAN SHIGHTATURE
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	ter death. Page 4 may be	he funeral director mage a within 72 hours after the office of the other states of the
ALTIMORE, MARYLAND 21201	ote be executed within 24 hours of	sicion and completely filled in by the funeral pers. Pages 1 and 2 should be filed within 72 ol.
DIVISION OF VITAL RECORDS, 201 W PRESTON ST., BALTIMORE, MARYLAND 21201	IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the characteristicate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed the intermining physicion and completely filled in by the funeral director pages should be detached for use as the buriol-transit permit. Then please a roompopers- Pages 1 and 2 should be filled within 72 hours after the State Dept. of Health and Mental Hygiene prior to buriol.
DIVISION OF V	TO HOSPITAL OR ATTENDING PHYSICIAN: The loveroined by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certific should be detached for use as the burial-trivial the State Dept. of Health and Mental I

BP. DHMH - 16 60M 7 (VRA 15, 4)

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	1 DF	REGISTRAR T	FIRST	M	IDDLE		FICATE OF DEATH	REG. NO		Y YEAR	12h HOUR
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2	3. SE.		BERNARD	4 RACE		SMITH 5. DATE O		JANUARY 18		UNDERTYEAR	11:4
Y	J. JL.			4 RACE		MONT			DATS DATS	HOURS	
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ou o		COUNTRY)	OR FOREIGN			MARRIE	D NEVER MARRIED				
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12		Baltimore			1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Maryland General Hospital			120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) 120 KIND OF BUSINESS (INDUSTRY DOCK WORK FOR MOST OF WORKING LIFE)			
must be		AL RESIDENCE (IF)	13b COUN		136. CITY OR TOV		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	ZIP CODE	/Ave.	21223
Je C	14. FA	Maryland ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME	/		
E		Luther	1	MIDDLE	LAST	143	Geneve	MIDDLE	1	LAS	
0	16n \	VAS DECEASED EV	FRINIIS AR	MED FORCES?	Smith 16b SOCIAL SEC		17 INFORMANT	ADDRE	SS	210	ith
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th.		18 CAUSE OF DE	ATH (Enter on	ly one couse per l	ine for (a), (b), a	nd (c).1				BETWEEN	ONSET AND D
her tro	H	Conditions, if a gove rise to couse to the state of the couse to the state of the couse to the state of the couse to the c	immediate oting the		<u>alignant</u> as a consequ		rtension				
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JAN 27 1987. Julie Saiden Broken

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE R - STATE CERTIFICATE OF DEATH REGISTRAR MONTH DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) r death 87 CHARLES SMITH 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX HOUR5 MIN 1901 MALE BLACK 85 VPS BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED US VIRGINIA CITY WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR NOT IN SUCH FACILITY GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) CALVERTON HGTS BALTIMORE Retired SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 2523 CALVERTON 13a. STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? YESXX HGTS. MARYLAND BALTIMORE NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST ETHEL CHARLES SMITH HATNEY ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 215-05-4760 CHART 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) CARDIOPULMONARU PART I. DEATH WAS CAUSED BY IMMED! rathon IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF CEREBROVASCULAR ACCIDENT OBABLE Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 GANIC BRAIN 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS LISED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? De YES [NO [urial-transit p 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL Hern. (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 the burn 21d INTURY OCCURRED 21e PLACE OF INJURY 21f LOCATION morked or CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased fram . 100 RECTOR sow the deceased olive on_ and that in (my) (our) opinion death occurred an the date and have and from the couses stated 21 40 abave. (1) (we) (did) (did not) view the bady after death Dept. 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING' STAFF 4 MEDICAL ld be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 800

BP

DHMH - 16 50M 1/76 (VR A 15 (4))

23a. BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL

NAME

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION

1 - 30 - 87ARBUTUS MARYLAND MEM BALTIMORE 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

NORTH MONROE ST. CED

4. NAME OF CEMETERY OR CREMATORY 234 LOCATION COUNTY SIGNATURE

256. DATE REC'D. BY REGISTRAR 355 REGISTRAR'S SIGNATURE

4 0 7 4 5 JAN 11	1 87	FOR STATE REGISTRAR			CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		1 6	3 2
3 74		CHASED NAME FIRST	rles '	E.		Smith	20. DATE OF DEATH	01-10	~	4:40 PM
pe 4 may cother, po	3.56	MAIE	4 RACE	Unite	5. DATE (6. AGE (INYEARS LAST BI	YRS.	UNDER I YEAR	IF UNDER 24 HRS
ath. Post	M M	THPLACE STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY S		F DEATH	MD
43	-	Baltimore		HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Main:	OF WORKING LIFE	126 KIND O INDUSTRY EM	ployed
ND 2120 24 hours Alled in b build be til		AL RESIDENCE IF NURSING HOME O	R OTHER INSTITUTION. NTY	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS		Ralto	
MARYLA and wither ond 2 the	0	THER'S NAME FIRST CORPE THER'S NAME FIRST	MIDDLE	Smith		15. MOTHER'S MAIDEN NA.	ME LINK MIDDLE	Mc	Knew	
IMORE,	16a V	VAS DECEASED EVER IN U.S. AL	RMED FORCES? VE WAR OR DATES)	218-14-		Richard Ull	an 1403	ESS Bal	to Md	1.21230 St.
DIVISION OF VITAL RECORDS, 201 W. PRESTON 51., B OR ATTENDING PRESICANS. The law requires that the derivation certificate hospital or attending physician. DIRECTOR After this certificate has been ugged by the opening physician for use as this biodistriant perior of places certificate Dopt of Health and Mental Hypiere prior to busing an action, or framework them 21 is marked or then 18 shows any injury, or other trainmatic event.	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gove rise to immediate cause Ia), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE NOT WHILE AT WORK 22a. Sertify that (I) (this hosp saw the deceased alive on above, (I) (we) (did) (did in 22b. SIGNATURE	TE CAUSE (a) DUE TO, OI 1b) DUE TO, OF 1c) CONDITIONS CO 19b CONDI 21b TIME O HOUR AJ PJ 21e. PLACE (AT HOME, STR	FINJURY M. MONTH DA M. DFINJURY EET, FACTORY, OFFICE, F e deceased from 19	OPERATION OPERAT	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUR! 216 LOCATION STREET And that in (my) (our) apinion DEGREE ATTENDING	200 AUTOPSY? YES NOTE: N	208. IF YES, IN CERTIFY YES DIRY IN ITEM 18 PAR	WERE FINDING CAUSES TO OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE that (h (we) last causes stated SIGNED
D HOSPITAL tained by the OFLINERAL bould be deticate the Stote		22d. PHYSICIAN'S NAME ITYPE	OR PRINTI	Jen		PHYSICIAN [DIRECTOR PHYSI	CIAN		10/87

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) Burial
24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY

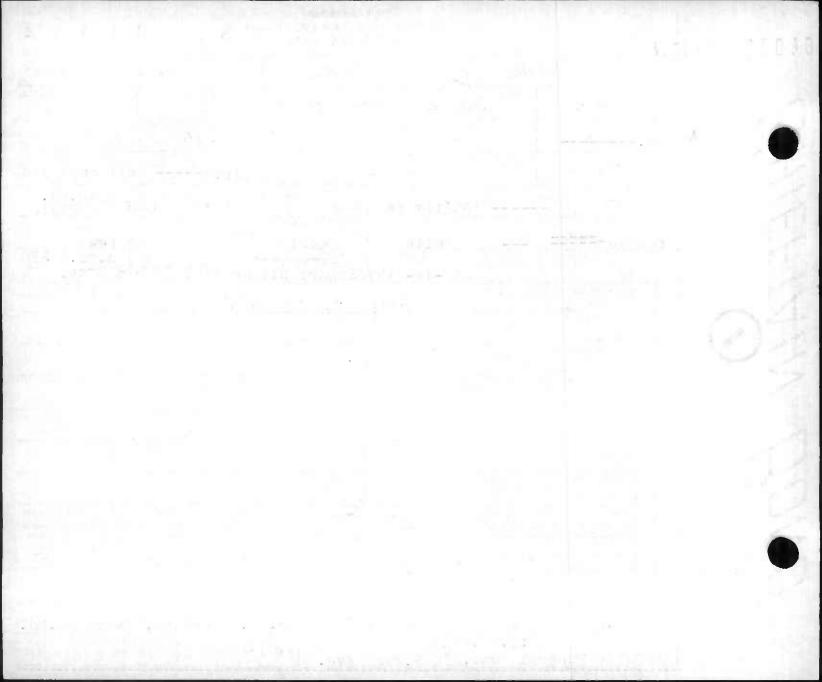
Elkridge, Howard Co. Md.

250. DATE REGIO BY REGISTRAR SEGISTRARS SIGNATURE

Burial 1/13/1987 Meadowridge Mem.Pk.

FUNERAL DIRECTOR Balto.Md.21230

McCully Funeral Home, 130 E. Fort Ave.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR JAN MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME Clarence 20. DATE KNOWN MONTH 2h HOUR ESTI-HE DEESSARY, PLEASE THE UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PESSON STREET, (Clennan) DEATH MATED Smith 19 87 6 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. DAY IF UNDER 24 HRS DATE 7d HOUR LAST CORTHDAY) PRONOUNCED 3:52P M B DEAD YRS 6 1987 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED USA WIDOWED AT DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY 620 E. 36th Street Baltimore IINK USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 136 COUNTY 13c CITY OF TOWN 138 INSIDE CITY LIMITS? 13e STREET ADDRESS YESVE 36th BALTO 20 E MD 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE LAST EIDST LAST GRENNAGE JAMES SMITH JESSIE 17. INFORMANT ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220038086 INGRID MCCRORY 620 E 36th Street 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive hypertrophic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION Carcinoma of transverse colon with liver metastase 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHEF 1. STATE DEPARTMENT OF STATE DEPARTMENT OF D. 21201 PRIOR TO BURD YES X NO [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFFER DEATH, WITH-THE STYLEND, 2. BALLAMORE, MARYLAND, 2. Autapsy X 22s. I certify that I taak charge of the remains described above, held an Inspection and in my apinian death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 1/7/87 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME William M. Zane, M.D. Balto.MD. 111 Penn St. TYPE OR PRINT) ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY LAUREI MD 1/12/87 MD. NATIONAL BURTAL 07/84 BP 24 FUNERAL DIRECTOR

(VR A15 ME (5))

DHMH - T7

MARCH F/H 1101 E Northo Avenue

1987

Julia Dandor . 4



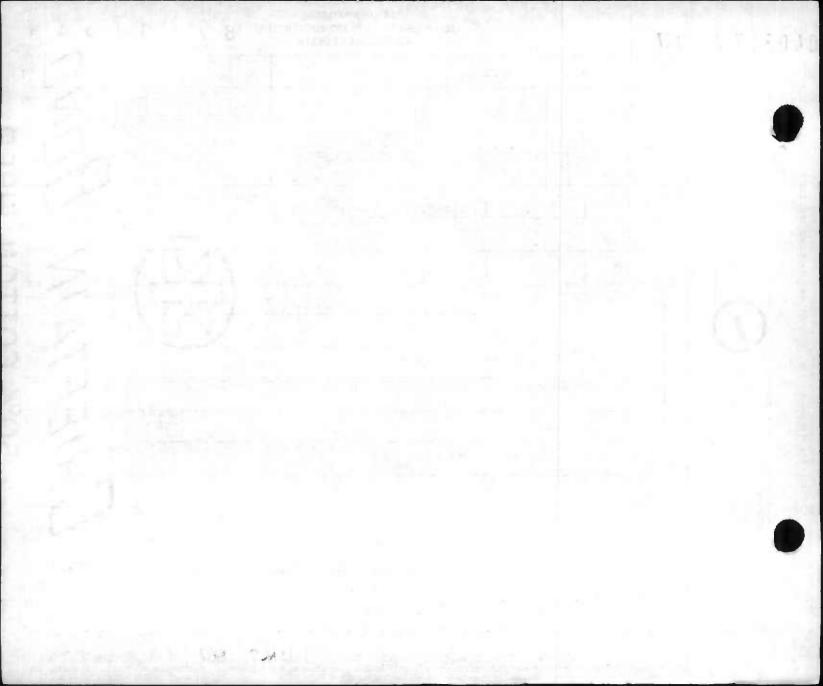
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1	STATE OF MARY
FOR	DEPARTMENT OF HEALTH AN
FOR STATE REGISTRAR	CERTIFICATE OI

LAND D MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.					

	0	REGISTRAR		13		REG. NO				
		CEASED NAME FIRST OR PRINT)	MIDDLE				MONTH DAY	YEAR	26. HOUR P.	
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78	1	Baltimore	Villa St. Mi	ichael Ni		Sales Cle	WORKING LIFET	Reti		
0 S		TATE Bal	NTY 13c CITY OR	TOWN 1SVILLE	13d INSIDE CITY LIMITS?	315 Shady	ZIP CODE NOOK R	d. 21	228	
30	14. FA)	THER'S NAME William	V. Madic	jan	15 MOTHER'S MAIDEN NAM	E MIDDLE		Whit	ė	
Looi		(AS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIAL	SECURITY NO.	TO INFORMANT Frederick Smi	th Linthia	nial Dr	rive 210	90	
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dary.	N	PART 2. OTHER SIGNIFICANT	conditions <u>contributing</u>	O TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONE	DITION GIVEN	IN PART 110		
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m 21 is morked		220 I certify that (I) (this hasp saw the deceased alive or	4 19	.19 \$ 7 . or	, 19, 19d that in (my) (our) opinion di	, toeath occurred on the do	19 ate and hour a			
±		9	Cla	7	ATTENDING PHYSICIAN XX	MEDICAL STAF	F IAN []		an. 87	
MPORTANT		Celiar E. Pa			7122 Harford	l Dd				
+	23a F	URIAL CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
		Burial	8 Jan. 87		aven Mem. Pk.	Glen Bu		A.A	., STATE MD	
7/B4		INERAL DIRECTOR NAME James S. Kirkle	ev. Glen Burnio	e MD 21	061 250. DATE	REC'D. BY REGISTRAR			Pandaes.	

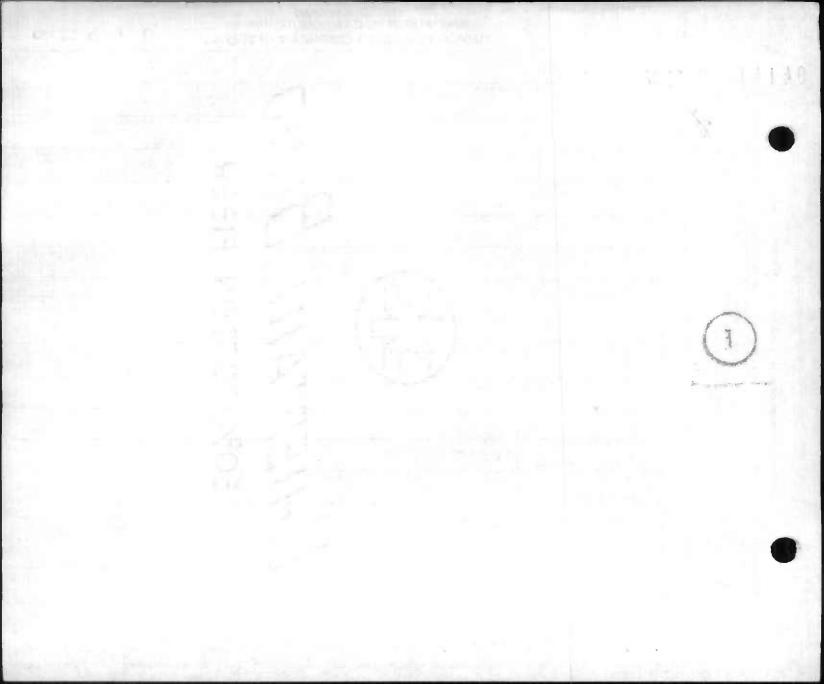


STATE OF MARYLAND

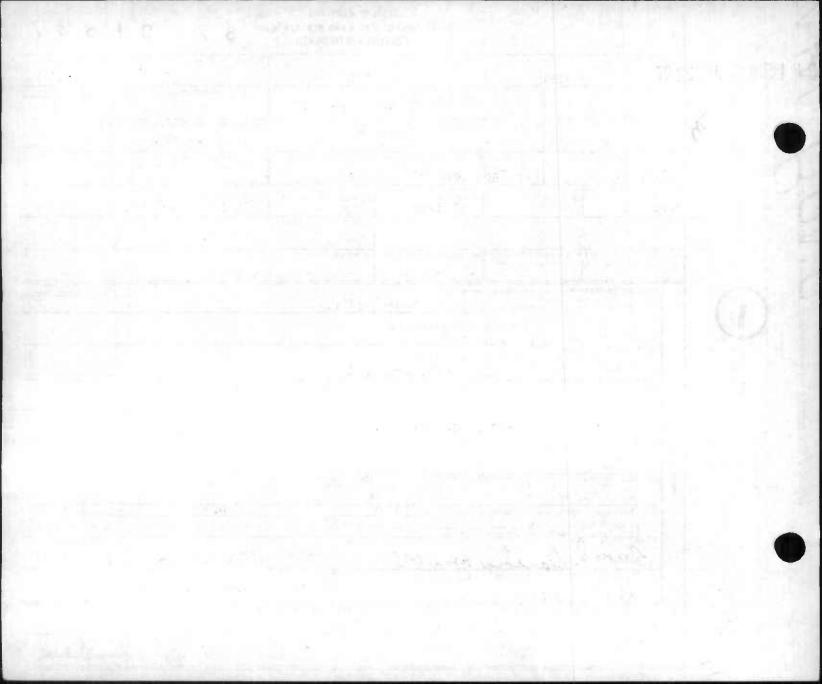
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TE OF DEATH	MONTH	D	AM M	EAR	DL 1101

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may be page 3 page 3	ITYP	ORPRINT)	1) 11.50	1711		1-12-8	7 (-) 20
pog pog	3. SE	X 4.R	ACE 5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	, -	YEAR IF UNDER 24 HRS
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MARYLAND 21 within 24 houndletely filled in and 2 should be	Y	MI	- BALIO-	YES NO [3630	ODAN1	Lef. Ad
RYL,	14. F	ATHER'S NAME	DE LAST	IS MOTHER'S MAIDEN NAM	MIDDLE	11	/sss.
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AL SECTION			ne cause per line for (a), (b), and (c).)	0	1	BETW	PROVINCATE INTERVAL
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W. Day to the control of the control		underlying cause last.	(c)	Om 118/10/11/2017	51/W 110/2/	right form	n reme
S, 201 gred barrot.	,	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DIŜEASE OR COND	ITION GIVEN IN PAR	il lia
DIVISION OF VITAL RECORDS, ING. PHYSICIAN. The law requir attending physician. The law requires the been signs of the bordel-trials primit. The land Mental Hygiene prior to be acked or leen 18 shows ony injury acked or leen 18 shows ony injury.	NO N						
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SION THE PROPERTY OF THE PROPE	AED.	21d. INJURY OCCURRED	21e PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.]	211. LOCATION STREET	CITY OR TOV	vn COUNTY	Y STATE
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12 of		saw the deceased olive on abave, (I) (we) (did) (did not) via	ew the bady after death.	nd that in (my) (our) apinion o	death accurred an the da	te and hour and from	the couses stated
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HOSPITAL ined by the FUNERAL wild be detth the Stote		226 PHYSICIAN'S NAME (TYPE OR PRI	NT	22e ADDRESS	-		1 - 11 -
+ - 6 + 6		(republ)	chwarte	303 OID (CROSSINE	OR PI	KESUILLE
5 5 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	23a.	BURIAL, CREMATION, REMOVAL 2	3b. DATE 23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	2011	1
BP		BURIAL	1-17-81 GARR.	son Forestin	On Ballin	ore Co.	Mid.
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	ADDRESC	25a. DAT	E DEC'D. BY REGISTRAR	Sb. REGISTRAR'S CHO	NATURES
(VRA 15, 4)		Joseph Like	55 2222 Wylor	Th HUBONNY	4 987 8	e December	
	-						

1		FOR				EPART			MARYLA H AND N	ND IENTAL H	IYGIEN	E				,	7		
		STATE REGISTRAR			ME	DICAL	EXAM	NER'S	CERTIFI	CATEC	F DE	TH /	REG	NO.	1	0	3	0	
JAN JAN STREET,		EASED NAME	FIRSTAR	ANCIS		MIDOLE	LEROY	THE L	LAST SIV	ITH	SR	20. DATE	KNOWN	1 X A	HTMON	DAY	YEAR	26. HOUR	
DANE	21	87	Leroy)				5	Smith				ESTI- MATED		1/	14/19	87		
3	SEX M	4 RAC	E	5. DATE (OF BIRTH	YE AR	6. AGE (IN	YEARS IF UI	NDER 1 YR.	IF UNDER	24 HRS.	2c. DATI PRONOU DEAI	NCED	AA	1/	14/1º	vear 87	7 н9 из а м	
1		RTHPLACE (STATE OR TEIGN COUNTRY)		76. CITIZI USA	EN OF WH	IAT COU	NTRY?	8 MARE WIDON		EVER MARR DIVORC		9 BALTIA	MORE CIT	_	OUNT	Y OF DE		100	
1	D. CI	Y OR TOWN OF DEA Baltimon		11. NAM (IF NO. 22.	E OF HOSI	PITAL, NU	JRSING HO STREET ADDRES Ve.	ME, OR OTI	HER INSTITU		12a. USI	TOM	JPATION	(TYPE OF	100	2b KIND	OF BUS NDUSTR		
11	30. S1 MD	L RESIDENCE (IF IN NU ATE	RSING HOME O	R OTHER INS	TITUTION, GIV	130 CIT	OR TOWN	SSION)	13d. INSIDE	CITY LIMITS?	13°351R	BARI	ETT	AVE,		21	12	18	
		THER'S NAME ANCIS	19-9	MIDDLE OGLEAST			15 MOTH	ER'S MAIDE AGNES	EN NAME		MIDDLE			PAT	MER				
T	o W	AS DECEASED EVER S. NO, OR UNKNOWN) S	IN U.S. ARA (IF YES, GIVE V	MED FORCE	ES?		CIAL SECUI		JOA	MANT N LIT	TLE	2309	ADDR GAR		r AV	E			
		18. CAUSE OF DEAT PART? DEATH W Canditions, if a gove rise to	AS CAUSED IMMEDIAT any, which	E CAUSE	(o)				Wound	to He	ead					APPR BETWEE	OXIMATE EN ONSET	INTERVAL AND DEATH	
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			TIFICATION		190. DATE OF OPERA	TION	19	. CONDIT	ION FOR	WHICH OF	ERATION V	VAS PERFO	RMED?						
		210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR CAUSE OF D	EATH	? xx	MONTH 1/	1 DAY YE	AR 37 su	ow INJUR bject	y occurre shot	D (ENTER)	NATURE OF IN	NJURY IN ITE	M 18 PART	I OR PART		- 4.5		
	MEDICAL	214 INJURY OCCUR WHILE AT WORK X AT W			STREET, FACTO	OF INJURY ORY, FARM, 1 a.C.	(AT HOME,		STREET KI	rk Av	e., I	city or to		ty,	Md.	NTY		STATE	
		220 I certify that death resulted from ACTUAL SIGNATURE	_	e of the re al causes	mains desc	Aldent	held sa	Autgi	Ham	Inspection X. SPECIFY) istan	Undet	Inquiry	nanner [],	my api	1	/14,	/87	
2		EXAMINER'S NAME (TYPE OR PRINT) IRIAL, CREMATION, R	Gre	gory	R. K		man, N		ADDRESS.			Penn							
	BI	PECIFY) INTAL		-			TRRISC			250. DATE			MILLS		AR'S SIG	GNATUR	MD STA	ATE .	
		NAME C. Mar	ch F	/H	1491	Ε.	Nort	h Av	enue	TAN	20	1987	1 de	lia d	soide	m. 12.	ndal		



		FOR	DEPAR	STATE OF MARYLAN MENT OF HEALTH AND ME		E 0 7	01/	3 1		
	1-	STATE REGISTRAR		CERTIFICATE OF DE	ATH	REG. NO.	0 !	, , ,		
5 O CE INN O	I. DE	PRPRINT)	MIDDLE	LAST	20	DATE OF DEATH MONTH	DAY YEAR	2b HOUR		
JAN Z	100	. ooesbi		Smith		01	16 87	3:30 Pm		
4 mo	3. SE		4 RACE	5. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS			
oge dien	1. 01	Male RTHPLACE (STATE OR FOREIGN	Black 76 CITIZEN OF WHAT COUNTRY	12 25	00	86 YR BALTIMORE CITY OR COUN				
leath. P	(COUNTRY) Sportsylbania V TY OR TOWN OF DEATH	A. USA	MARRIED MEVER MA	ARRIED	Baltimore Cit		MD.		
offer of the state	Bal	timore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET Maryland General	al Hospital	TUTION 12	USUAL OCCUPATION YPE OF WORK FOR MOST OF WORKIN .	G LIFE) 12b, KIND	OF BUSINESS OR		
24 hou	130 5	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORMETY 1800 CITY OR TO Baltimo	WN 13d. INSIDE CITY	Y LIMITS? 130	STREET ADDRESS / ZIP CO	Ave.	21215		
ullu and	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S A		MIDDLE		AST		
y ded w		lenry	Smith	Marv	6.150	E.	Smit			
Pages		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMAN	T	ADDRESS				
be e rs. Po	1	lo.	- 158-09-		O. Smit	h 4005 Fairvi	10000	21216		
100			oly one cause per line far (a), (b), on DBY: TE CAUSE (a) Multiple		3,441		BETWEEN	NONSET AND DEATH		
1 10 10			DUE TO, OR AS A CONSEO							
dea orton		Conditions, if any, which gave rise to immediate	(Sepsis							
by the by the one on A crest		couse (a), stating the underlying cause lost.		DUE TO, OR AS A CONSEQUENCE OF (c) Bilateral Pneumonia						
signed her pla to bond tury, o	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	O THE TERMINA	LE DISEASE OR CONDITION	GIVEN IN PART 1	Ia		
the low re	CERTIFICATION	190 DATE OF OPERATION 1/14/87	Sacral Decub	HOPERATION WAS PERFORM Iti Ulcers			YES, WERE FIND RTIFYING CAUSE YES []			
CLAN 2 shyric contract mol thys 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	JRY OCCURRED	(ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)			
The bury and We bury and Me bu	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 211. LOCATION STREET	٧	CITY OR TOWN	COUNTY	STATE		
Discourse of the second		270. I certify that IX (this haspital) attended the deceased from January 6, 19 87 to January 16, 19 87, that IX (we) last								
pito pito TTO for of h		sow the deceased alive on above, (I) (we) (did) (XIX XI	January 16, 19	87, and that in (XX (o	our) apinian dea	th occurred on the dote and	hour and from th	e causes stated		
HOSPITAL OR ATTE		Rum 1	all an	DEGREE ATT	TENDING /	MEDICAL STAFF	1/	1/0/KA		
SPITAL by th VERAL be dete Stote		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	ITSICIAN	MCCTOR THISICIATE	1/	1401		
TO HOSPITAL retained by t TO FUNERAL should be def with the State IMPORTANT:		Brian J. Has	slinger M.D.			eneral Hospit	al			
Q'	23a E	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CR	REMATORY	23d. LOCATION CITY OR TOWN Arbutus	COUNTY	M of STATE		
BP	74 FI	Burial UNERAL DIRECTOR	1/21/87	Arbutus Crypt	750 DATE DE	Ardutus C'D. BY REGISTRAR 256 REC	SISTRAPIC CICAL	Md.		
DHMH - 16 60M 7/B4 (VRA 15, 4)			. 4300 WabashorAs	/e.	JAN		a Dividen			



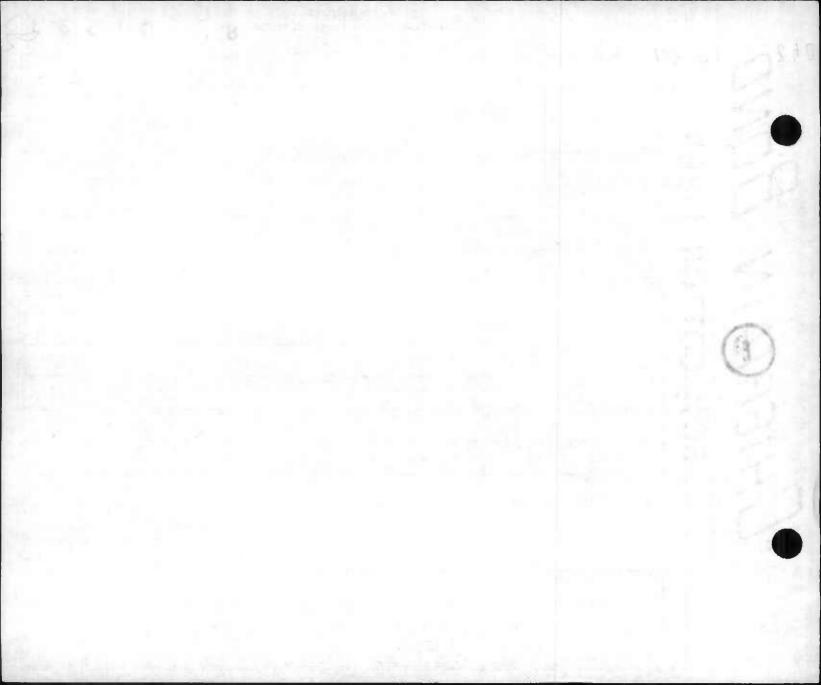
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

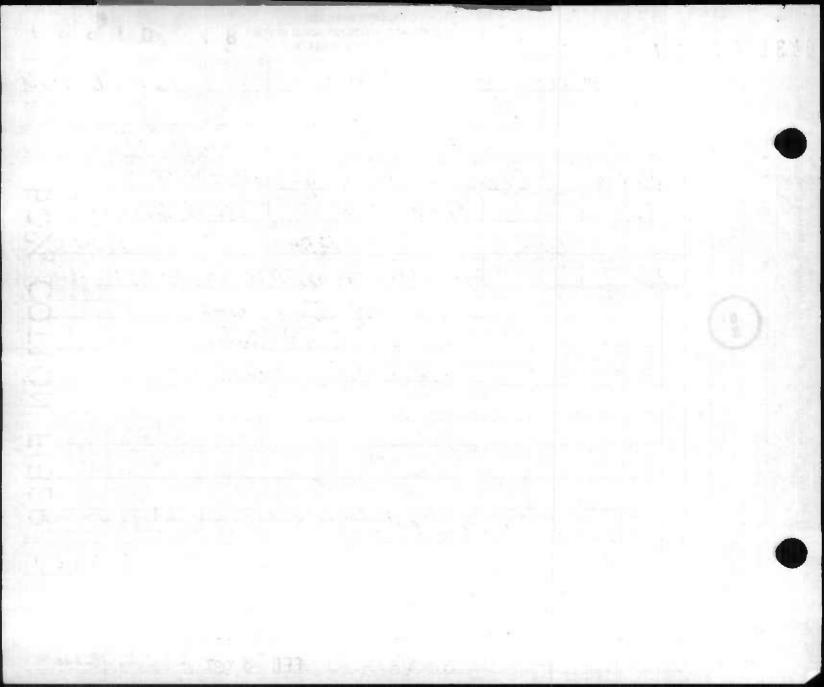
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REGISTRAR



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MARYLAND 21201	1
BALTIMORE,	
PRESTON ST.	
201 W	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
DIVISION	

	- 1				STATE OF MAKTLAN	U			4.4
I Q G FFR		1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND ME CERTIFICATE OF DEA		8 7	0 1 6	3 9
00 100	1) U					REG. NO.		, , , , , , , , , , , , , , , , , , ,
m 5			CEASED NAME FIRST	WIDDLE	LAST	20. DAT	E OF DEATH MONTH	DAY YEAR	2b HOUR
r. poge 3	L	11.11	MABLE	E	SMITH		10	29.8%	8057
9		3. SE)	4.1	RACE /	5. DATE OF BIRTH	6 AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
rs oft			F	13	9" 28	28	18 YE	MONTHS DAYS	HOURS MIN.
62 44	5 7	a. BII	THPLACE (STATE OF FOREIGN 76.	CITIZEN OF WHAT COUNTRY	? 8.	9 BALTI	MORE CITY OR COU	NTY OF DEATH	
12 3			N.C.	U.S.A	MARRIED NEVER MA	RRIED U	PALTO.	(1+4	MI
11 5	2	Į0 CI	POPTOWN OF DEATH	NAME OF HOSPITAL, NURSI		UTION 12a USL	VAL OCCUPATION WORK FOR MOST OF WORKEN		F BUSINESS OR
2 2 2	7	ŪŠU A	TRESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFO		17.0	as wire		21201
# 3	1	134. 3	TAE 136 COUNTY	13c. CHYOR TO	-d VI	LIMITS? 130.STRE	ZI ADDRESS ZIP	AShing	Hon S
2 sh	1	4 FA	THER'S NAME		15. MOTHER'S M	AAIDEN NAME		01	
ond ond			FIRST	OLE LAST	A	DA	MIDDLE	KOC	ER
ond co	i i	6a V	AS DECEASED EVER IN U.S. ARME		URITY NO. 17 INFORMANT	- 0	ADDRESS	140.1/	
Pog.		_/	0	21424	5045 HAUL	ARD S.	Smith	1021 N.	WAShir
	T		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	one cause per line far (a), (b), a	nd (c).)	1	-1	BETWEEN	MATE INTERVAL ONSET AND DEATH
1 30 13			IMMEDIATE C		lio repura	levy a	rres (
[福音]				DUE TO, OR AS A CONSEQU	JENCE OF . 1)	1 -	1		
1			Conditions, if ony, which	(b) Couler	e Lell ha	ul lai	reng		
the remi	É		gave rise to immediate cause (a), stating the	DUE TO OBJE A CONCEOU	ITALOGO A A	0	-1 ,	The state of the s	
by by cr oth	0		underlying cause last.	DUE TO, OR AS A CONSEQU	North	Rojan	alation	1	
signed then plec to burio njury, ar		7	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DIS	EASE OR CONDITION	GIVEN IN PART I	0
een s rior to ny inju	4	IFICATION	DATE OF ORENATION	I'm compilion to mile	0050 441044445 05050		uranaua Inglia	VEC WEDE STUDY	
2000	9	FICA	19a DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORM	AED 70a A	UTOPSY? 20b. IF	YES, WERE FINDING CAUSES	OF DEATH?
0 4 4 0	4	CERTII				YES [YES	NO 🗌
ng physicic certificate riol-transit ental Hygis Item 18 sha	4	U.	210. ACCIDENT WAS UNDERLYING	1216. TIME OF INJURY HOUR A.M. MONTH	21c HOW INJU	RY OCCURRED (ENTI	R NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
ng pl	-71	AL	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19				
buris ce buris Aeri		MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION				
the the		ME	WHILE NOT WHILE	LAT HOME STREET, FACTORY, OFFICE			CITY OR TOWN	COUNTY	STATE
Afte of the of the mork			22a.1 certify that (I) (this haspital)	attended the deceased from	1.24	10 F 7 to	1-70	10 63	4
OR OR				1 0 00	07	apinian death acc	urred on the date and		that (li twe) las
9 14 0 6			sow the deceased alive on above, (I) (w) (did) (did not) v	iew the body after death.		,	- Too on the dore and		
# 5 5 0 ±			22b. SIGNATURE	0.	DEGREE	ENDING MEDIC	AL STAFF	22c. DATE	SIGNED -
RAL DI detach tote De NT: IF IH			Mulles	an		YSICIAN DIRECT		12	4.2/
FUNER wild be h the Str			224. PHYSICIAN'S NAME (TYPE OR PR		22e ADDRESS				
			J'kula Ette	enaAm-					
a Day	1	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CRE	EMATORY 23d L	OCATION	1 OHATA	****
BP			BURIAL	2/3/87	ARBUTUS	1	RRITIIS	COUNTY	STATE
	7		NERAL DIRECTOR		- AKDUTUS		BY REGISTRAR 256 REC	GISTRAR'S SIGNAT	LIRE
IMH - 16 60M 7/84			NAME	ADDRESS			1.	p- 1 -A	A
(VRA 15, 4)			MARCH FUNERAL : HO	DMF 1101 F. NO	ORTH AVE.	IFFB 3	1007 Julia	Durdson-Ka	ndall



STATE OF MARYLAND

MIDDLE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

5. DATE OF BIRTH

SMITH

2a. DATE OF D

JANUAR

6. AGE INYEA

88

12a. USUAL OCCUPATION

/			-	,	
REG. I	VO.				
EATH	MONTH	DAY	YEAR	26 HOUR	P
Y 2	, 198	37		1:03	M
RS LAST B	(RTHDAY)	IF UNI	DERIYEAR	IF UNDER 24	HR5

LEDITE	DLAGIC					
BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?					

13b COUNTY

4 RACE

RIACK

FIRST

MARY

1899 MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY

MD

10. CITY OR TOWN OF DEATH

NORTH CAROLINA

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

INDUSTRY RETIRED

12b. KIND OF BUSINESS OR 21207

Char

NO V

STATE

BALTIMORE SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE MARYLAND

2 8 STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR

DECEASED NAME

FEMATE

13c. CITY OR TOWN BALTIMORE

THE JOHNS HOPKINS HOSPITAL

13d. INSIDE CITY LIMITS?

2909 WYNHAM ROAD

14. FATHER'S NAME

FIRST CHARLIE

CHAPMAN

CAROLINE 17. INFORMANT

WHITE

160 WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES GIVE WAR OR DATES NO

166 SOCIAL SECURITY NO

CHART

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

13e.STREET ADDRESS / ZIP CODE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: Urosensis IMMEDIATE CAUSE (a)

DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate

DUE TO, OR AS A CONSEQUENCE OF

underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

tenosis 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES [

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED

cause (a), stating the

HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY

2H. LOCATION

20a AUTOPSY?

NOT WHILE AT WORK

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

86

CITY OF TOWE

220.1 certify that (1) (this haspita)) attended the deceased from saw the deceosed alive an abave, (I) (we) (did) (did not) view the bady after death 226 SIGNATURE

Dughton

DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN F

and that in (my) (aur) apinion deoth occurred on the date and haur and from the causes stated

22¢ DATE SIGNED

224. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS 600 · N.

WOLFE-ST. trsvital Plans 23d. LOCATION

BALTO. MD. 21205 Baltimore Mary and

ulia Desidana

230 BURIAL CREMATION REMOVAL I SPECIEVE BP

Janua

23b. DATE 1-8-87 23c NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL

BALTIMORE

MARYLAND

BURTAT 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

CERTIFICATION

MEDICAL

00

morked

4

ORTANT:

be deto FUNERAL

d b

(VRA 15, 4)

1721 NORTH MONROE ST

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND

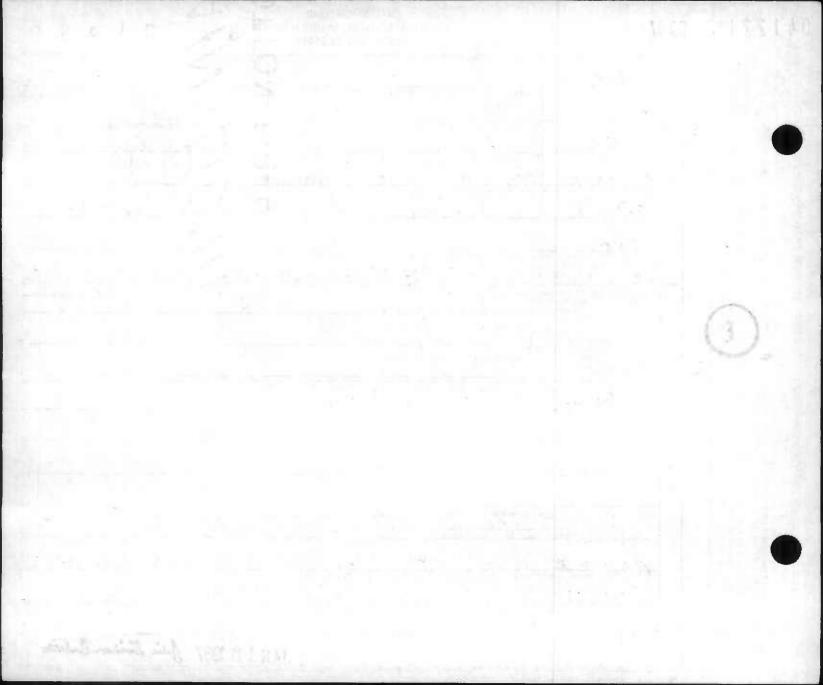
8	7	0	1	6	4	
_	REG NO					

011001-	STATE OF MARYLAND
04/22/JAN:	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 0 6 4 1 REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 REG. NO.
	1 DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 76 HOUR
ay be oage 3 death	(IVPEORPRINT) ROSFALIA - SMITH 1/11/87 GZOPM
may . pag	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) INJUNDER 1 YEAR IF UNDER 24 HRS.
oge 4	B ANNTH DAY YEAR S 4 YRS MONTHS DATS HOURS MIN.
	To. BIRTHPLACE (STATE OF FOREIGN TO. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
death.	N.C U.S. WIDOWED DIVORCED Baltimore City MD.
a de la	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 11%, KIND OF BUSINESS OR
by th	BALTIMORE HALSINAI HOSPITAL OF BALTO (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
o o o	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
ND 24 h	130. STATE 130. COUNTY 130. CITY OR TOWN 130. INSIDE CITY LIMITS? 130. STREET ADDRESS / ZIP CODE 130. STATE
YLAI rely f	14 FATHER'S NAME Baltimore YES NO 5234 DEN MORE AVE / 2/2/3
A 3 9-7-50	FIRST MIDDLE LAST FIRST MIDDLE LAST
× = = = = = = = = = = = = = = = = = = =	WARA WALLEY
MORE, or ord or Poges I	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
	(YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-32-3999 Maryaret Shipley 5234 Denmore AUR
BALT ofe b	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
Certifical certifical and a series of the se	PARTI. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Carolio pulmon ary arrest
PRESTON ST free death cert attention of	DUE TO, OR AS A CONSEQUENCE OF
deoth deoth	Conditions, if ony, which (b) SLP87) =
A 5	gove rise to immediate /
1 W. thort thort of the content of t	underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF
2 8	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
	3 gangrenous Extremits
0 - 0 - 0	Gangrenous Extremines 19a Date of Operation 19b. Condition for which operation was performed 20a autopsy? 20b. If yes, were findings used in Certifying Causes of Death? YES VES NO 21a. Accident was underlying 21b. Time of Injury 21c. How Injury occurred (enter Nature of Injury item 18 part 1 or part 2)
	IN CERTIFYING CAUSES OF DEATH?
Al house	YES YES NO 216, ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c, HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTER 18 PART 1 OR PART 2)
DIVISION OF VIT. ING PHYSICIAN: T offending physici ther this certificore as the buriol-froms th and Memal Hyg orked or from 18 sh orked or from 18 sh	A CONTRACTOR OF THE CONTRACTOR
SICIAL DE Physicial Physic	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
VISION OF THE CONTROL OF T	OK CONTRIBUTING CAUSE OF DEATH I/F EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED (AT HOME STREET, FACTORY, OFFICE FARM.ETC.) STREET CITY OR TOWN COUNTY STATE
DIVISI or offen th Affer th e as the olth and marked	WHILE NOT WHILE AT WORK AT WORK
O O O	220.1 certify that (I) (this haspital) jattended the deceased from 19 50 to 19 57, that (II (we) lost
2 of to 12	sow the deceosed plive on 1987. ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death.
A H Ba e e e e e e e e e e e e e e e e e e	226 DATE SIGNATURE 226 DATE SIGNED
, = 0	Lawar & Malulian MO ATTENDING MEDICAL STAFF A 11/97
O HOSPITAL etoined by th TO FUNERAL should be deto	214. PHYSICIAN'S NAME (TYPE OR PRINT) 228 ADDRESS
Sa Bat &	HANADI CHAMKHANII SINDI HOSPITA, DE RAITO
5 Show MAN	236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION
20	(SPECIFY) CITY OR TOWN COUNTY STATE
BP	Burial 1/16/87 Fastview Cem. Baltimore Md.
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR NAME ADDRESS 250 DATE REC'D BY REGISTRAR 250 REGISTRAR SIGNARE ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

4300 Wahash Ave

JAN 1 0 1901



ST	ATE	OF	MA	RYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

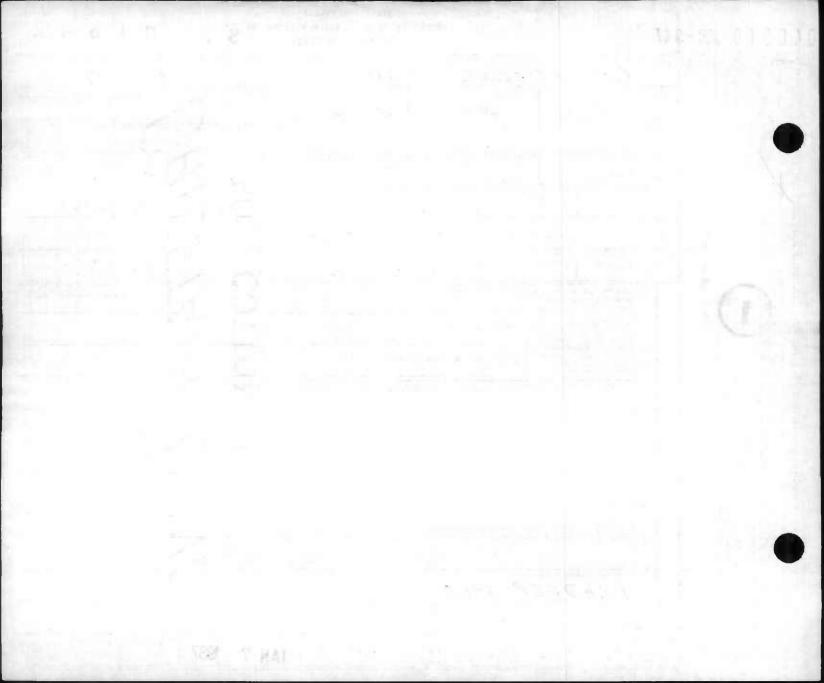
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REG. NO.					

	REGISTRAR		CERTIF	ICATE OF DEA	in	REG. N	0.		
	CEASED NAME FIRST	MIDDLE	t.	AST		20. DATE OF DEATH	MONTH D	AY YEAR	2h HOUR
(1466	CRPRINT RUTH AND	ELINE	5MITH				1 .	4 87	930 0
3. SE		RACE	5. DATE C			6. AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	# UNDER 24 HRS
	-		MONTH		YE AR	67	W	ONTHS DAYS	HOURS MIN.
7a RI	RTHPLACE ISTATE OR FOREIGN 7h	W hite		23	19	9. BALTIMORE CITY C	YRS P COUNTY	OF DEATH	
1	COUNTRY		MARRIE	D NEVER MARI	RIED XX				
_	Maryland	U.S.A.	WIDOWE				<u>ore Ci</u>		MD.
10. C1	TY OR TOWN OF DEATH	 NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O 		OR OTHER INSTITUT	TION	120 USUAL OCCUPAT	F WORKING LIFE	INDUSTRY	F BUSINESS OR
Ba	altimore 🖈		Hospital			Ret Secr	etary	St.	of MD
	AL RESIDENCE (IF NURSING HOME OR OT			A 12 E IN ISIDE CITY I		12 CYDEET ADDRESS	/ 710 5005		
	MD 3	Ba 1	to.	13d. INSIDE CITY L	IMIIS?	13e STREET ADDRESS 5216 Cr	omarty	Rd. 2	1229
	THER'S NAME	14		15. MOTHER'S MA	100				
	ohn McWi	lliam Sm	ith	Victori	ia	R.		Sanfor	d
	VAS DECEASED EVER IN U.S. ARMI		IAL SECURITY NO.	17. INFORMANT		35 ⁹ R	Fleagl	e Rd.	
,	no (if tes, give v	215-	16-5110	Katheri	ine Lu			e, MD	21061
	18 CAUSE OF DEATH (Enter only	ane cause per line for to), (b), and (c),) A	. 1	,				IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED	BY:	elactat	10 pre 6	ent o	Carcinos	ua		
	IMMEDIATE		300,01	Bo	4	_			
		DUE TO, OR AS A CO	INSEQUENCE OF	17 ane	mel	0.			
	Conditions, if any, which gove rise to immediate	(b)		Huba Co	1000	*			
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	INSEQUENCE OF	19 perce		man.			
	enderlying coose 1031.	((c)				-			
7	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 110	0
2								_	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOI	R WHICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?		WERE FINDING CAUSES	
E						YES NO	YES		NO 🗌
W.	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MOR	ITH DAY VEAD	21c. HOW INJUR	Y OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT (OR PART 2)	
A A	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	NIH DAT TEAR						
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR		211. LOCATION					
¥	WHILE NOT WHILE	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM ETC)	STREET		CITY OR TO	IWN	COUNTY	STATE
	22a. certify that (I) (this haspital	D attended the deserve	d 6-a-a	1	9			0	that (I) (we) last
	saw the deceased alive an	i) difended the decease				eath occurred on the d			
	above, (1) (we) (did) (did nat)	view the body after dea	th.		, opinian a	edin occorred dir me d	are and noor		
	22h. SIGNATURE	Male	Q	DEGREE	NDING _	MEDICAL STA	FE .	22c. DATE	SIGNED
		TLEBU	1	PHYS	SICIAN [DIRECTOR PHYSIC	IAN ['/	410/
	224 PHYSICIAN'S NAME (TYPE OR P			22e ADDRESS			7		
	PRADEE	P GARG							
		23b. DATE	23c. NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION			
	Burial	8 Jan. 87	Glan H	laven Mem.	. Pk.	Glen Bur	nio	COUNTY	STATE
24. FI	JNERAL DIRECTOR				25a. DATE	REC'D. BY REGISTRAR		AR'S SIGNAT	
		Glen Burr	ADDRESS MD 21	061	LAN	7 1987		Lordson	. Pandask
	unics s. KITKIEY,	aren burr	ic, no Zi	001	JAN	1 1001	U		

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DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: IF IN



STATE OF MARYLAND

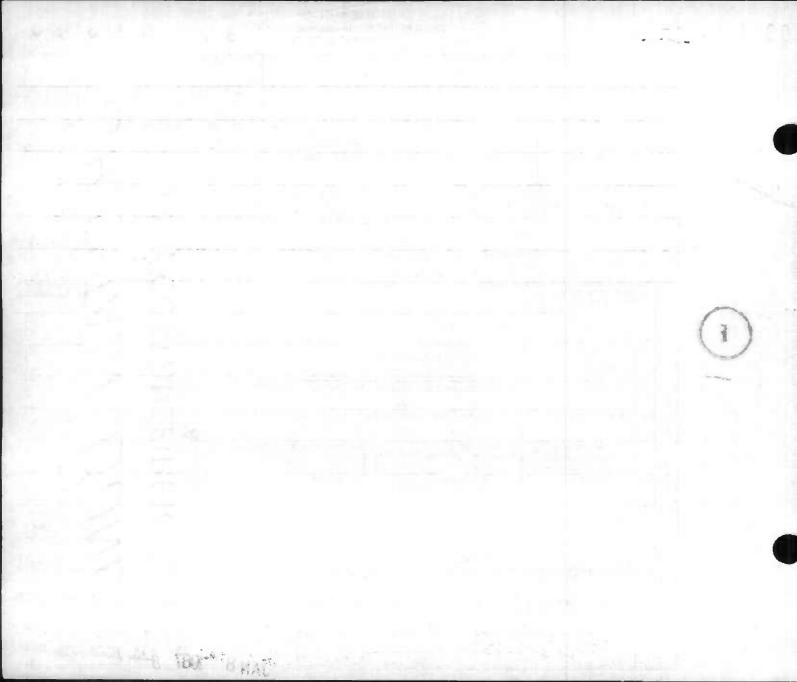
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 0 1 6 4

REGISTRAR				CERTIF	ICATE OF DEATH	0	REG. NO	D.	1 0	
DECEASED NAME	FIRST		MIDDLE	ı	AST	2a. DATE OF		MONTH [DAY YEAR	2b. HOUR
(TYPE OR PRINT)	The1ma	ı M	larie	Sı	mith	Jai	nuary	6,	1987	12:30
3.56×		I. RACE		5. DATE O		6. AGE (IN)	YEARS LAST BIRT	HDAY)	IF UND'R) YEAR	IF UNDER 24 HRS
Female		Wh	ite	June	22, 1921		6.5	5 YRS	NOTHING BATS	, and a second
70. BIRTHPLACE (STATE (OR FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D D NEVER MARRIED	9. BALTIMO	RE CITY O	R COUNTY	OF DEATH	
Maryland		USA		WIDOWE		Bal	timor	e Cit	у	N
0. CITY OR TOWN OF D	DEATH	LIE NOT IN SUC	WELCHING COME STREET	ADDRESS)	OR OTHER INSTITUTION		OCCUPATION OF THE PROPERTY OF	ON F WORKING HE		OF BUSINESS O
Baltimore	*		Baltimore	e Gen	'l Hospital	Wir	eman			nghouse
SUAL RESIDENCE (IF N	136 COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS /	ZIP CODE		
Maryland	1111	1///	Baltimo		YES NO				Ave.	21225
4 FATHER'S NAME	A	NODLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE		14	ısı
John		Н.	Koch,	Sr.	Dorothy	,	R.			igabauie
(YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT (Daug	hter)	ADUKE	SS 4107	Oak F	Road
No	NA		216.16.5	5012	Ellen Sensib	augh		Balti	more,	Md. 212
18. CAUSE OF DE	ATH (Enter anl	y ane cause per	line far (a), (b), and	d (ci.)	,			11-1-0	BETWEEN	XIMATE INTERVAL
PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS	ignificant c	(c) ONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	20a AUTO	OPSY?	206. IF YES	, WERE FIND YING CAUSE	INGS USED S OF DEATH?
210. ACCIDENT WAS	INDERIVING O	21b. TIME C	E INTUIDY		21c. HOW INJURY OCCUR	YES _	NO	YES		но 🗌
OR CONTRIBUTING [OR CONTRIBUTI	CAUSE OF DEA	HOUR A.	M. MONTH DA M.	AY YEAR	21f LOCATION	KED (ENIERN)		77		
	WORK	(AT HOME, ST	REET, FACTORY, OFFICE F	ARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
saw the dece	osed alive on	. 1	deceosed from	57.0	nd that in (my) (our) opinion	death accurre	ed on the do	ote and hou		
276. SIGNATURE	282 R	Lund	m, at	(V)	DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAF		Don	E SIGNED
22d PHYSICIAN'S	SLD	Blue	menthol	mp	30015.1	Hano	Ver	5+	Bolto	m saven
23a BURIAL, CREMATIC (SPECIFY) Buria		Jan 10			emetery or Crematory idge Mem. Par		YORTOWN	Но	ward	Mary1a
24 FUNERAL DIRE Singleton	101	/ per	Glen Buri		250 DA1	TE REC'D. BY		25b. REGIST		TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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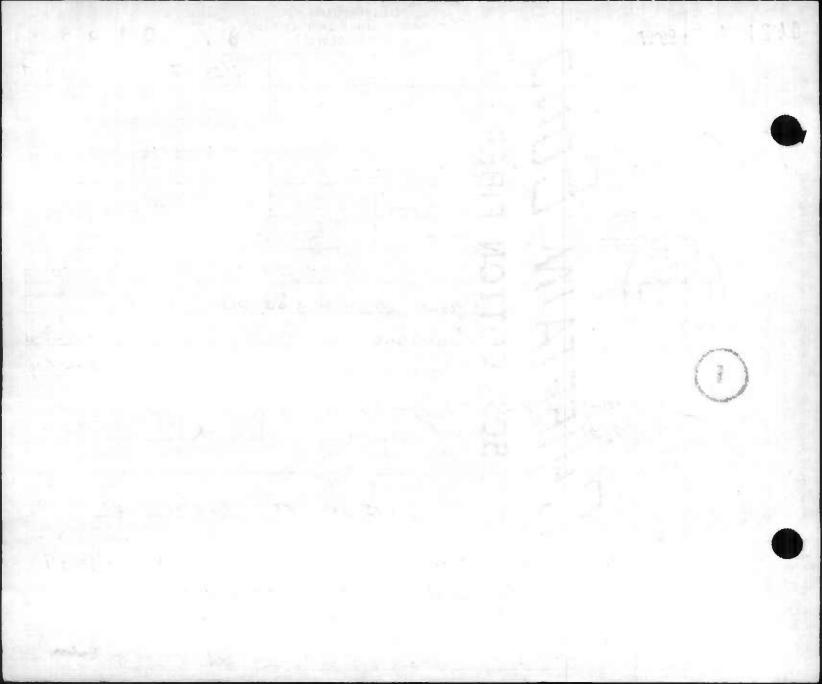
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(VRA 15, 4)

		AND

8 7 REG. N	。 0		6	4	4
TE OF DEATH A	AACONITII	DAY	VE AD	N. LIOLID	

JAN	25	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	NO. 0	1 6	4 4	
		CEASED NAME	FIRST	MI	DDLE	l.	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR	
	{ I TYPE	ORPRINT)	OXXE	R.		SNELL	TNGS	1/23/	87		12:35 M	
	3. SEX			RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST		FUNDER I YEAR	IF UNDER 24 HRS	
		Female	-	Whit	e	May	2 1907 YEAR	79	YRS	JNIHS DATS	HOURS MIN.	
0		RTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF W		Y? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
0		Md.	1	U.S.	Α.	WIDOWE		Dalei-	Oi		MD.	
4		TY OR TOWN OF DEA	ATH 1	1. NAME OF HOUSE UNION M	OSPITAL, NURS	SING HOME C LET ADDRESS) HOSPI	te1	120 USUAL OCCUPY (TYPE OF WORK FOR MO) Homema	CASH DIVINGON SO TE	126 KIND OF	F BUSINESS OR	
		AL RESIDENCE (IF NUR	ING HOME OR O				13d INSIDE CITY LIMITS?	13e STREET ADDRES				
5	130. 3	Md.	138 COOM		Balti		YES NO	3621 D	udley	Ave.	21213	
	14 FA	ATHER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME WIDDLE		1.451		
Y		Howard		M.	Jones		Josep	hine		Rut	:h	
		VAS DECEASED EVER		ED FORCES?	16b. SOCIAL SE	CURITY NO.	17 INFORMANT		ORESS	71	same	
		10	(# 163, 6376	2	16-28-	-0113	Albert Sn	ellings	(husba	na)	address	
		18 CAUSE OF DEAT	H (Enter anly	ane cause per li	ne far (a), (b),	and Ic	. 20 0.			BETWEEN	MATE INTERVAL	
		PART I. DEATH W	IMMEDIATE		Caeda	uc A	seprole; si	chs12				
		1.4		DUE TO, OR	AS A CONSEC	DUENCE OF		1		2	110000	
5	Conditions, if ony, which (b) Preumuna									3	-y arugi	
1	gave rise to immediate couse (a), stating the underlying cause last							3-4 day.				
1	_	PART 2 OTHER SIG	NIFICANT	ONDITIONS COM	NTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIVE	N IN PART TIC		
	NO	Mena	fai	luce,	Coquel	unati	34		Ton at upo			
Acting	CERTIFICAT	191 DATE OF OPPRA	HOW!	196. CONDIT	ION FOR WHI	2 OPERATIO	NAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?	
-	I I	1/11/8	DEBUNDE .	21b. TIME OF	more	Valu	121c HOW INJURY OCCUR	YES NO			NO 🗆	
G		210. ACCIDENTIWAS UN	Toward .	110110 4 11	NONTH	DAY YEAR	TIL HOW INJURY OCCUR	RED (ENTER NATURE OF I	AJURY IN ILEM 18 PAI	RI [ORPARI 2]		
	MEDICAL	(IF EITHER NOTIFY MED		P.M.		19	71f. LOCATION					
	MEC	WHILE NOT W			ET, FACTORY, OFFIC	CE, FARM, ETC.)	STREET	CITY OF	RIOWN	COUNTY	STATE	
		22s I certify that II		the control dead when	decented free	- 1/	15/97 10 87	1/23	10	. 87	that (1) (we) lost	
		sow the decease	ed alive on_	1/23/8	19	CA / /	nd that in (my) (our) opinion	deoth accurred on the	dote and hour	ond from the	couses stated	
=		27h SIGNAPUR	did (did not	view of the block of	fter death.	-	DEGREE			22c. DATE	SIGNED	
		Caux	ant 6	Vely.	MO)		MEDICAL S DIRECTOR PHY	TAFF SICIAN	1/2	2/87	
		274 PHYSICIAN'S N	AMBOTHE	200	. 0		27e ADDRESS			,	/	
		GUSTAND	Pd. 0	soraly.	M.D		Union Memor		<i>e</i> 1			
	23a I	BURIAL, CREMATION	REMOVAL	238 DATE			EMETERY OR CREMATORY	23d LOCATION	timore	COUNTY	Md.	
	0/ 5	Burial		1/26/			ns of Faith					
/B4	74 FI	UNERAL SIESTEM	inek :	Funera.	I Home	Inc.		E REC'D. BY REGISTR	18 2 10	COLORS SIGNATI		
		3331	Brehm	s Lane	, Balt	co. Md	. 21213 JA	1 40 198	1			



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STATE OF MARYLAND

DEPARTMENT OF UPACTU AND MENTAL UNCIENT

13	5
8	1
~	REG. NO.

Jun C	- STATE RESISTRAR				CERTIF	ICATE OF DEATH	8	EG. NO.	0 1	0	7
	ECEASED NAME	FIRST	A	AIDDLE	· · ·	AST	2a. DATE OF DE	ATH MONTH	OAY	YEAR 26	HOUR
	FRANK		J.		S	NYDER, JR.	Jan.3	, 1987			
3. SE	EX		4 RACE		5. DATE C		6 AGE IN YEARS	LAST BIRTHDAY)	# UNDER		UNDER 24 HRS
M	MALE	00000	WHITE			.12, 1929	57	YR		DA13	CONS MIN.
a B	BIRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE			ATH	
	1ARYLAND	5	USA		WIDOWE	DIN NEVER MARRIED DINORCED DI	BALTIMO	RE CITY	Y		AAI
	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCC	UPATION	12b F		USINESS OF
	AT TIMODE	Made		OLI ANTO T			FORKLIF			ISTRY	AN CO
	BALTIMORE DAL RESIDENCE (IF NURS	SING HOME OR		QUANTRI		Description of the second	FORKLIF	1 OFK] Al:	IER C	NIV CO
13a	STATE	136_COUN	17	13c CITY OR TOV	VN _	13d INSIDE CITY LIMITS?	13e.STREET ADD				0.1
	laryland ATHER'S NAME			BALTIMO	ORL	15 MOTHER'S MAIDEN NA	1030 QU	ANIKIL	WAY		21
14 F	FIRST		AIDDLE	TAST		FIRST	MI	DDIE		LAST	
-	FRANK J.		DER, SR			ANNA	MAY	BAKER	21153.5		
	WAS DECEASED EVER (YES, NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS			
N	10	3.5		216-24-	-3705	LEOLA M. SN	IYDER	(SAME	AS 13		1. 4
	18 CAUSE OF DEAT	H (Enter onl	y one couse per	line for (a), (b), or	nd (c=1	111	-/ 1	Firm on	BE	APPROXIMA TWEEN ONS	ET AND DEATH
	PART I. DEATH W	VAS CAUSEI IMMEDIATI		acute	mus	ocardial int	sickon	/		100	men
		WALLED IV III		R AS A CONSEQU	0	,					
10	gove rise to immo	ng the	DUE TO, OI	R AS A CONSEQU	JENCE OF	Covide	and t			J	27100
CATION	couse (a), stating underlying couse	ng the lost NIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OF	/? 20b. IF	YES, WERE	FINDING	
TIFICATION	couse (a), stating underlying couse PART 2. OTHER SIGN	ng the lost NIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT		20a AUTOPSY	/? 20b. IF	F 1 1	FINDING:	
AL CERTIFICATION	COUSE (01, stating underlying couse PART 2. OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNIOR CONTRIBUTING OR CONTRIBUTING	INTERIOR OF THE TOTAL OF THE TO	19b. CONDI	DNTRIBUTING TO	DEATH BUT H OPERATIO		200 AUTOPSY	7? 20b. IF IN CE	YES, WERE RTIFYING C YES	FINDING: AUSES OF	DEATH?
	PART 2. OTHER SIGNATE OF OPERA 210. ACCIDENT WAS UNIT	INTERPORT OF THE PROPERTY OF T	19b. CONDI	DNTRIBUTING TO	DEATH BUT	ON WAS PERFORMED	YES NO	? ZOB. IF IN CE	FYES, WERE RTIFYING C YES	FINDING: AUSES OF	DEATH?
MEDICAL CERTIFICATION	COUSE (0), STORT UNDER SIGN COUSE (190 DATE OF OPERA 210, ACCIDENT WAS UNION CONTRIBUTING (FEITHER NOTIFY MEDI 214 IN JURY OCCUR	TION DERIYING CAUSE OF DEA	19b. CONDITIONS CO	DNTRIBUTING TO	DEATH BUT H OPERATIO DAY YEAR 19	21c HOW INJURY OCCUR	YES NO	7? 20b. IF IN CE	YES, WERE RTIFYING C YES	FINDING: AUSES OF	DEATH?
	PART 2. OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTHY MEDI WHILE NOTHY MEDI AT WORL ALWOR	TION DERIVING CAUSE OF DEA KCALEXAMINER) RED HILE COST	ONDITIONS CO 196. CONDI 196. CONDI 196. CONDI 196. CONDI 196. CONDI 196. CONDI 196. CONDI 196. CONDI 197. TIME O HOUR A P 21e. PLACE I (AT HOME STR	DNTRIBUTING TO	DEATH BUT H OPERATIO DAY YEAR 19	21t. HOW INJURY OCCUR	YES NO	? ZOB. IF IN CE	FYES, WERE RTIFYING C YES	FINDING AUSES OF	DEATH? NO STATE
	PART 2. OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTHY MEDI AT WORK WHILE AT WORK 220.1 certify that (1)	TION DERIYING CAUSE OF DEA MILE SIRK (14) (14) is hospit	19b. CONDITIONS CO	DNTRIBUTING TO	DEATH BUT H OPERATIO DAY YEAR 19 FARM, EIC.)	211. LOCATION STREET	200 AUTOPS) YES NO RED (ENTER NATURE	206. IF IN CE	YES, WERE RTIFYING C YES A 18 PART I ORP	FINDINGS AUSES OF	DEATH? NO STATE
	PART 2. OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTHY MEDI 21d. INJURY OCCUR WHILE NOTW ALL WORR ALL WORR 220. I certify that (I) sow the deceos obove, (I) (we) (I)	TION DERLYING CAUSE OF DEA CAUSE OF DEA CAL EXAMINER) RED HILE (this hospit ed alive on,	19b. CONDITIONS CO	DNTRIBUTING TO ITION FOR WHICH IF INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE. de deceased from.	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	211. LOCATION STREET 211 to the time of time of the time of time	200 AUTOPS) YES NO RED (ENTER NATURE	206. IF IN CE	YES, WERE RTIFYING CYES A 18 PART I ORF	FINDING: AUSES OF ART?) ART?	STATE (I) (we) lo
	PART 2. OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTHY MEDI 21d. INJURY OCCUR WHILE NOTW AT WORK 220.1 certify that 1) sow the decess	TION DERLYING CAUSE OF DEA CAUSE OF DEA CAL EXAMINER) RED HILE (this hospit ed alive on,	19b. CONDITIONS CO	DNTRIBUTING TO ITION FOR WHICH IF INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE. de deceased from.	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	211. LOCATION STREET 211. (my) (our) opinion DEGREE	200. AUTOPSI YES NO RED (ENTER NATURE C1 deoth occurred or	20b. IF IN CE OF INJURY IN ITEM IY OR TOWN	YES, WERE RTIFYING CYES A 18 PART I ORF	FINDING: AUSES OF PART 2) ART 2) The part 2 in the country of th	STATE STATE (I) (we) lowers stated GNED
	PART 2. OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTHY MEDI 21d. INJURY OCCUR WHILE NOTW ALL WORR ALL WORR 220. I certify that (I) sow the deceos obove, (I) (we) (I)	TION DERLYING CAUSE OF DEA CAUSE OF DEA CAL EXAMINER) RED HILE (this hospit ed alive on,	19b. CONDITIONS CO	DNTRIBUTING TO ITION FOR WHICH IF INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE. de deceased from.	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	211. LOCATION STREET and that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPS) YES NO RED (ENTER NATURE	206. IF IN CE OF INJURY IN TEM TY OR TOWN The dote and	YES, WERE RTIFYING CYES A 18 PART I ORF	FINDING: AUSES OF PART 2) ART 2) The part 2 is a second of the country of the c	STATE (I) (we) loses stated
	PART 2. OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTHY MEDI 21d. INJURY OCCUR WHILE NOTW ALL WORR ALL WORR 220. I certify that (I) sow the deceos obove, (I) (we) (I)	DERIVING CAUSE OF DEA (CAL EXAMINER) (Ithis hospit (Idid not A) (Idid not	Ic)ONDITIONS CO	DNTRIBUTING TO ITION FOR WHICH IF INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE. de deceased from.	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	211. LOCATION STREET 211. LOCATION STREET nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY YES NO RED (ENTERNATURE CT deoth occurred or	20b. IF IN CE OF INJURY IN ITEM TY OR TOWN THE dote and STAFF PHYSICIAN	YES, WERE RTIFYING CYES A 18 PART I ORF	FINDING: AUSES OF PART 2) ART 2) The part 2 is a second of the country of the c	STATE STATE (I) (we) loses stated GNED
	PART 2. OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNION OR CONTRIBUTING (FETHER NOTIFY MEDI 21d. INJURY OCCUR WHILE NOTIFY MEDI 22d. I certify 101 (I) sow the decess obove. (I) (we) (I) 22b. SIGNATURE 22d. PHYSICIAN'S N.	TION DERIYING CAUSE OF DEA CALEXAMINER) (this hospit ed olive on, did) (did not) AME (TYPE OF	19b. CONDITIONS CO	DNTRIBUTING TO ITION FOR WHICH IF INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE. de deceased from.	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	211. LOCATION STREET 211. LOCATION STREET nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	20e AUTOPSY YES NO RED (ENTERNATURE CT deoth occurred or	20b. IF IN CE OF INJURY IN ITEM TY OR TOWN THE dote and STAFF PHYSICIAN	YES, WERE RTIFYING CYES A 18 PART I ORF	FINDING: AUSES OF PART 2) ART 2) The part 2 is a second of the country of the c	STATE STATE (I) (we) loses stated GNED
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept, at Health and Mental Hygiene priar to burial, at

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

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SELECT DESCRIPTION OF A PROPERTY AND A STREET AND A STREET

1	FOR - STATE REGISTRAR		DEPARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 7 0	1646
3. SE	IRTHPLACE (STATEOR	A RACE OREIGN 76. CITIZEN OF U.S.	S. DATE (MONY) WHAT COUNTRY? 8. MARRIE WIDOW!	DAY YEAR O A NEVER MARRIED DIVORCED DIVORCED	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR FUNDER 24 HRS.
be Filled					120 USUAL OCCUPATION (1980 ONE) OF WORKING LIFE	
ompletely lond 2 sh	aryland ATHER'S NAME RANK RANK WAS DECEASED EVER	MIDDISNYDE	I BALTIMORE R LAST 1166 SOCIAL SECURITY NO.	IN NO SIDE CITY LIMITS? NO SE 15. MOTHER'S MAIDEN NA IRENES 17 INFORMANT	ME DAVIDSON ADDRESS	21225
move carbon physician and c move carbon pagers. Pages nation, we with the medica troughthe ways the medica	NAS DECEASED EVER YES, NO OR UNKNOWN) 18 CAUSE OF DEAT PART I. DEATH W Conditions, if any gove rise to imi	DUE TO, O		THE LUNG	S WITH CARCIN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ios been signed by the permit. Then please re ne prior to buriol, cren wa any injury, ar ather injury, ar ather injury.	couse (a), stating couse	of the lost. Out TO, O Out To,	R AS A CONSEQUENCE OF	owth Derma		WERE FINDINGS USED YING CAUSES OF DEATH?
After this certificate he as the buriel-transit alth and Mental Hygie marked ar Item 18 shown MEDICAL CERT	21a. ACCIDENT WAS UNION CONTRIBUTING (IFEITHER, NOTIFY MEDICAL INJURY OCCUR	CAUSE OF DEATH CALEXAMINER) P. RED 21e. PLACE (AT HOME, STI	M. MONTH DAY YEAR M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	COUNTY STATE
UNERAL DIRECTOR: , d be detached for use he State Dept. of Hea RTANT: if Hem 21 is m	saw the deceas	did) (did not) view the body	6 19 3000	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [27e ADDRESS 120	death accurred on the date and hour	ond from the causes stated 22c. DATE SIGNED 1 6 8 7 30) 57 PAUL P

23c. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN MEM PARK

DHMH - 16 60M 7/84 (VRA 15, 4) 23a. BURIAL, CREMATION, REMOVAL

BURTAL

George J. Gonce 4001 Ritchie Hgwy Balto Md

1/9/87

23b. DATE

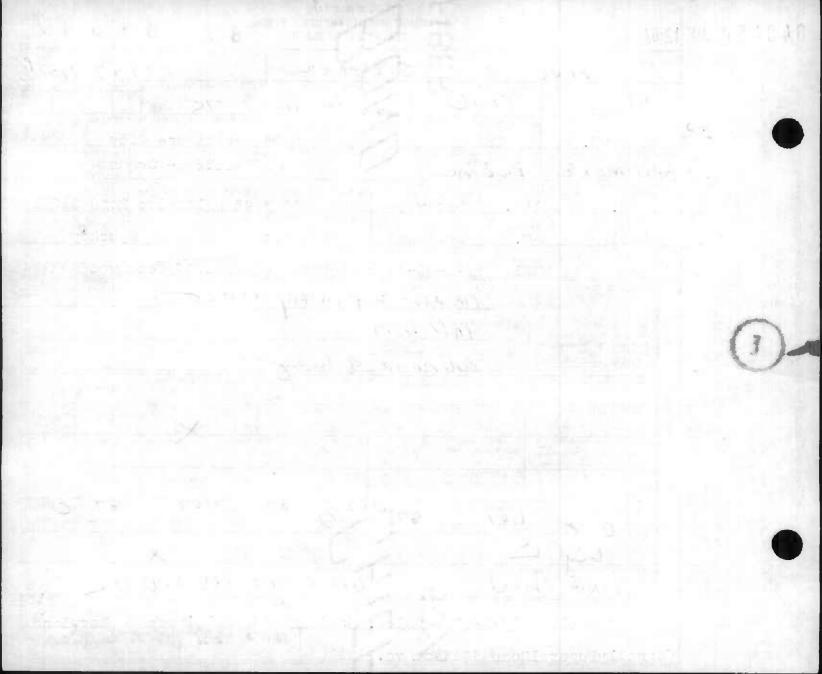
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

MD STATE

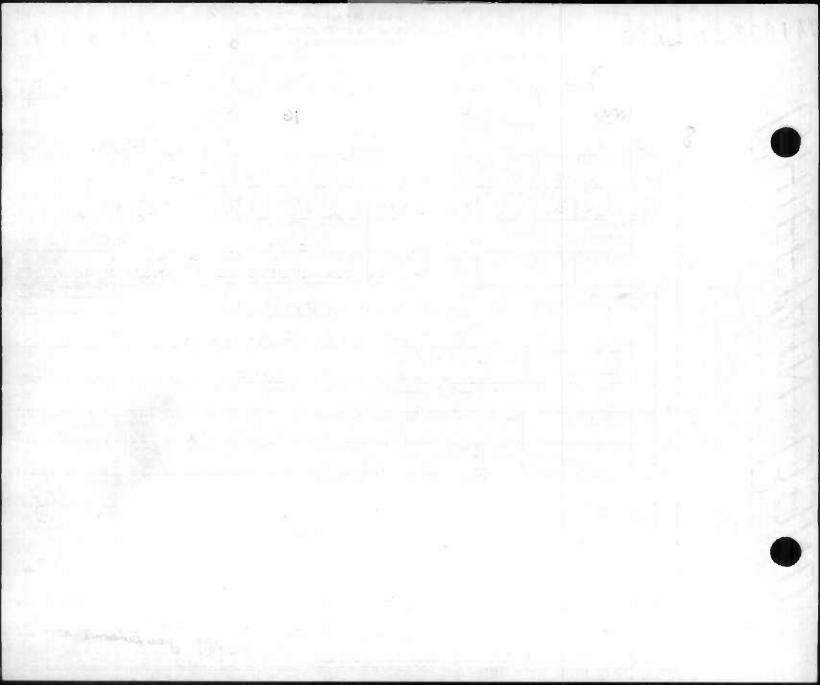
23d. LOCATION
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041837	JAN 28	87-	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	B 7 REG. N	0 1	6 4 8
9 e	er deoth		CEASED NAME FIRST	MIDDLE	50	remon	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
ige 4 moy	irs ofter d	3 SE)		1 RACE	S. DATE (6. AGE (IN YEARS LAST BIR	78 MONTH	DER LYEAR IF UNDER 24 HRS
deoth. Po	35	M	RTHPLACE (STATE OR EOREIGN OUNTRY) ARYLAND	76. CITIZEN OF WHAT COUNT	WIDOWI	D DIVORCED	9. BALTIMORE CITY C	BAC	70, MD.
1201 ours ofter		8	TY OR TOWN OF DEATH ALT I MORE OF		OSPIT	A L	(TYPE OF WORK FOR MOST OF HOUSEWIE	DE WORKING LIFE) IN	NO AT HOME
AND 2 n 24 hc	and be	130 5	TATE N36/COUR	PIMORE RANDAL	TOWN LSTOWN	134 INSIDE CITY LIMITS? YES NO [] 15. MOTHER'S MAIDEN NA	13e.STREET ADDRESS		Randalesta Rd Md 2113
, MARYL integrated within	Self land 2	1	SAMUEL	COHEN		F#SESSI	E		STRÍÑ
TIMORE	e medicol	No.	(IE YES, GIV	VE WAR OR DATES)	SECURITY NO.	4050 CARTHA	MORRIS SOL GE ROLO RAN		MY CAD 9 ST9 32
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e death e	ose remove corb I, cremotion, or other troumotic		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONS	COUENCE OF	aus obs	truction		
201 W. F	please re priof, cren , or other		couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSI	gring	Carcino		DITION CIVEN IN	L DADY 1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certificate physician.	mit. The prior to ony inju	CATION	19a. DATE OF OPERATION	19h CONDITION FOR WI			200 AUTOPSY?	20b. IF YES, WE	RE FINDINGS USED
/ITAL RE /: The lo /: The lo /sicion.	g 2 3	CERTIFIC	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR	YES NOW	YES 🗌	CAUSES OF DEATH? NO ORPART 2)
ION OF VITA HYSICIAN: Ti nding physici	Aentolor Mentolor Item	MEDICAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIEY MEDICAL EXAMINE) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION STREET	CITY OR TO	DWN (COUNTY STATE
00	se as the	¥	WHILE AT WORK AT WORK 220.1 certify that (1) (this hosp	(AT HOME, STREET, FACTORY, OF	om 1	19 83	10 1119		that (I) (we) lost
OR ATTEN	of H 21 i			1110	6.7	nd that in (my)(our)opinion	death occurred on the d		
ortal by th	be detoched e Stote Dept. TANT: If Hem		224 PHYSICIAN'S NAME (TYPE O	aline Res	n W	ATTENDING PHYSICIAN [MEDICAL STA		1/19/87
TO HOSPIT retained by TO FUNER	B t &	23a P	DR-5AB	INE ROSS	NAME OF C	SUMOU C	Respital 1236, LOCATION	- Bald	timore
BP			BURIAL	JAN. 20, 1987		COB ANSHE VES	HEAR ROSEL	DALE BY	ALTQ STATE
	6 60M 7/84		INERAL DIRECTOR S		BROS.,I		E RES DEBY 987 RAR	Subject of the subject of	o of a Nati-URE



				S	TATE OF MARYLAND		
	1.	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	8 / REG. NO.	0 1 6 4 9
FR -3		CEASED NAME FIRE	MIDE	DLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
FR -3	01	JAM	ES	SOL	MERVILLE	JAN 25 198	12:55AM
311	3 SE	(4. RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
/		ALE	BLACK		AN.22,1927		RS
107		RTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF WH	IAT COUNTRY? 8.	RRIED NEVER MARRIED	9. BALTIMORE CITY OR COL	JNTY OF DEATH
16		ARK HALL, M		WIDO	OWED DIVORCED	BALTIMORE (CITY MD.
20	10 €	TY OR TOWN OF DEATH		SPITAL, NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
au		BALTIMORE	JOHNS HOL	PKINS HOSP	TAL	MAINTANCE .	STATE GOV.
35		AL RESIDENCE (IF NURSING FITATE ITEM	COUNTY 13	E RESIDENCE BEFORE ADMISS C. CITY OR TOWN PARK HALL	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	
101	7) E/	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
1816	LD	AVID		MERVILLE	DAISY	MARY	FENWICK
1910		VAS DECEASED EVER IN U	S. ARMED FORCES? 16	SOCIAL SECURITY N	O. 17 INFORMANT	ADDRESS	BOX 966
1	1	O		213-22-04	82 ERNEST I.T	ONEY, LEXING	GTON PARK, MD.
- (Z		18. CAUSE OF DEATH (En	ter anly one cause per line	e far (o), (b), and (c).1	-1 1 - 1	01	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
erac		PART I. DEATH WAS C	EDIATE CAUSE (a)	fir way	13 leed Prob	1 -1 +15	Sur.
oumatic		Canditions, if ony, whi	ch ((b)	SA CONSEQUEDO	of 1 - 5/Pizil	RNDATIG	ich Turnith
of, cremo		gove rise to immedia cause (a), stating t underlying couse lo	he DUE TO, OR A	S ACONSEQUENCE O	of of Base of	Touge	Ty
r to burn	NOIL	PART 2 OTHER SIGNIFIC	rutro E. Zi	in feer	h from M		
Sene pric	CERTIFICAT	126 DATE OF OPERATION	Ca	af tone	ACION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
tem 18 sk		210. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF FITHER, NOTIFY MEDICAL EX	OF DEATH HOUR A.M.	MONTH DAY Y	21c. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART : ORPART 2)
rked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE E AT WORK	21e PLACE OF	FACTORY OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
e of the		220.1 certify that (I) (this	haspital) attended the d	econed from	214 1986	2, 10 1/25	19_87, that (I) (we) lost
# E		saw the deceased of	in on 1725 9	ry dooth 19	, and that in (my) (aur) apinion	death accurred on the date one	d haur and from the causes stated
IMPORTANT: If hem		22b. SIGNATURE	X		DEGREE ATTENDING	MEDICAL STAFF	220. DATE SIGNED
Stote ANT	1	22d, PHYSICIAN'S NAME	(TYPE OR PR		PHYSICIAN [DIRECTOR PHYSICIAN	1211010
MPORT		2.	STONL		1 541	+	
=		BURIAL, CREMATION, REM			OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
	B	URIAL	1/31/8	37 ST.J	AMES CEMETERY	ST.JAMES	ST. MARY'S MD.

MATTINGLEY, LEONARDTOWN, MD.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

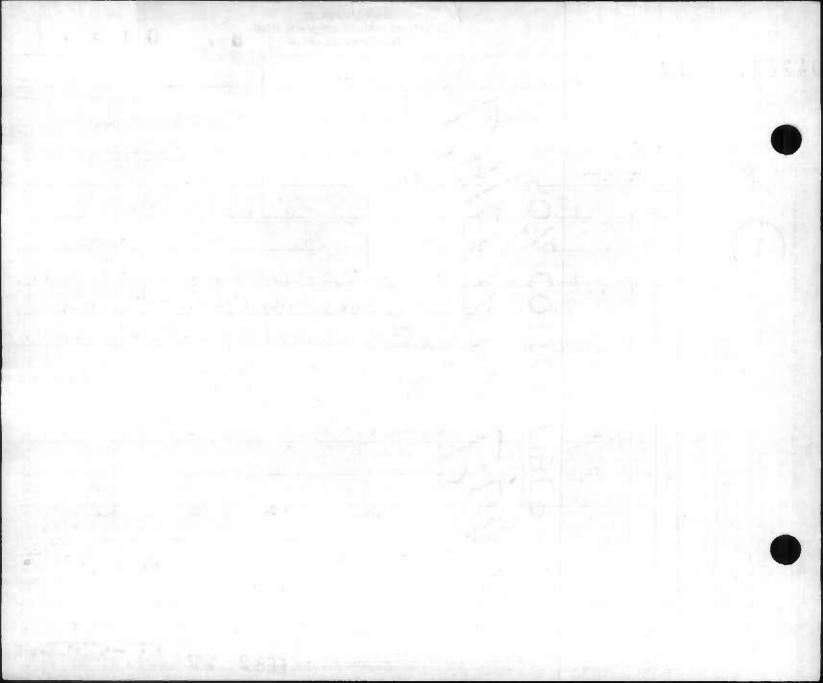
DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR
W. CLARKE

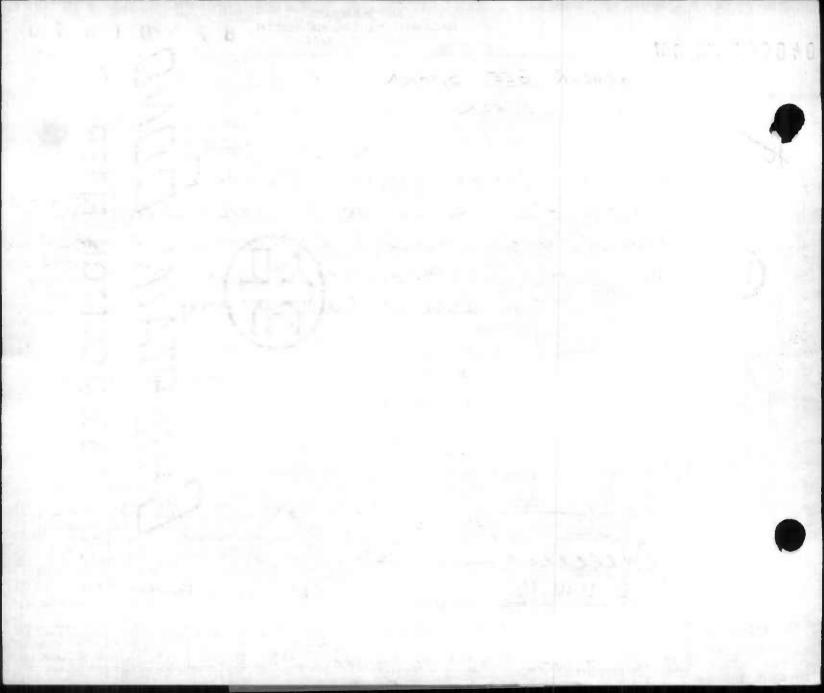
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

(VRA 15, 4)



	1	FOR		STATE OF MARYLAND		
O O A IAM		STATE OREGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1650
JUO 4 JAN		CEASED NAME EIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Feeth Feeth		ARMOUR	GEE SPA	ARKS JR.	0/0	3 87 M
# 60 m	1, 3E		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
11.00	1	MALE	BLACK	4-20-29	57 YRS	
7 40	7n. B	THPLACE TATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
A 11 1_	10.0	HLD,	4.5.14.	WIDOWED DIVORCED	134 LTC	MD.
1 1140	10 0	SALT C.	(IE NOT IN SUCH EACHLITY, GIVE STREET	AG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY
至 北京東江	ISU	AL RESIDENCE (IF NURSING HOME OR OT	GIVE RESIDENCE BEFOR		13e STREET ADDRESS / ZIP CODE	# 5/7/
2 3 1		111.10.	13,71	TO: YES NO -	1216 N. CAR	cline ST
1 15-1	HE E	EIRST MID	DLE LAST	15 MOTHER'S MAIDEN NA.	ME MIDDLE	. LAST C
1 112(1)	1	TRMOUR G	ee SPAR	Ks Src Vyillic	PIAC	WALKER JAK
BAN 1	6a \	VAS DECEASED EVER IN U.S. ARME	AR OR DATES)	JRITY NO. 17 INFORMANT	ADDRESS	# 21205
7 BGn 1/		VES 195	3 421-3	07950 111ARY 1	DROGDON 725	Mc Donogh SI
		8 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	ane cause per line far (a), (b), an	dicin Caralian	a samples	BETWEEN ONSET AND DEATH
d po		IMMEDIATE (AUSE (a)	mic Cavarior	my parny	275.
oth o		e de la companya de l	DUE TO, OR AS A CONSEQU	ENCE OF	147 Y 3 7 4	
e de more sortio		Canditions, if any, which gave rise to immediate	(b)			
4 425 5		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF		
a pleas		PART 2 OTHER SIGNIFICANT COL	VDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	UNAL DISEASE OR CONDITION GIV	FN IN PART 1/2
Sept of the Control o	No		Carcin	mua of Lung		LIVEY AND I'M
1 11 10	HICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
25 24 5	H		and a law or the law			YING CAUSES OF DEATH?
Ca special	CERT	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)
20 101 11	CAL	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19		
1000	MEDIC	214 INJURY OCCURRED	21e PLACE OF INJURY	FARM ETC.) 211. LOCATION STREET	(ITY OR TOWN	COUNTY STATE
No offer orke	1	NOT WHILE AT WORK		111		
O S S S S S		220.1 certify that (1) (this nospital	attended the deceased fram_	2/6 19 88	2 to	19
2 de 1 de		saw the deceased alive an abave. (I) (we) related that we			death accurred an the date and have	
A HOSON		176 MENATURE		DEGREE	MEDICAL STAFF	22c DATE SIGNED
HALL SEAL STALL		THE PHYSICIAN'S NAME (TYPE OR PE		PHYSICIAN [DIRECTOR PHYSICIAN	1/6101
A Phosp of the pho		EMMI	ller	5601	Loch Rave	en Blud.
55 24 13	ne	URIAL CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP	-		1-9-87 1	PROUTUS Mem. PK	ARbutue	M40.
DHMH - 16 60M 7/84	24 F	INERAL DIRECTOR	AGDRESS	1/1/1/5	E REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
(VRA 15, 4)	1	SLTIS - 4NERA	1 Home 1129	N. CAROLING JA	N 6 1987 A	Derver Kendara



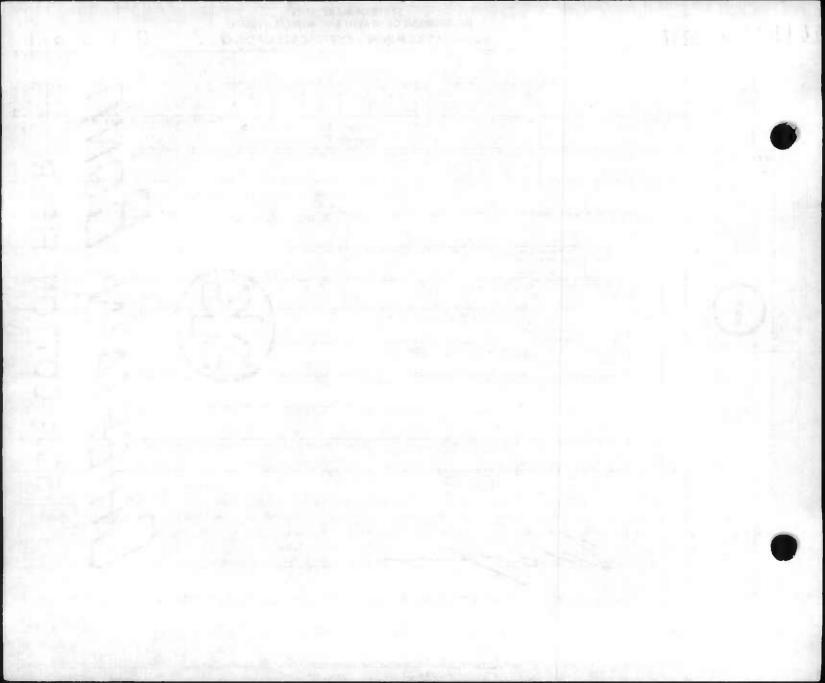
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 37STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-ID THE FUNERAL DIRECTOR.

PAGE 5 FOR YOUR FILES.

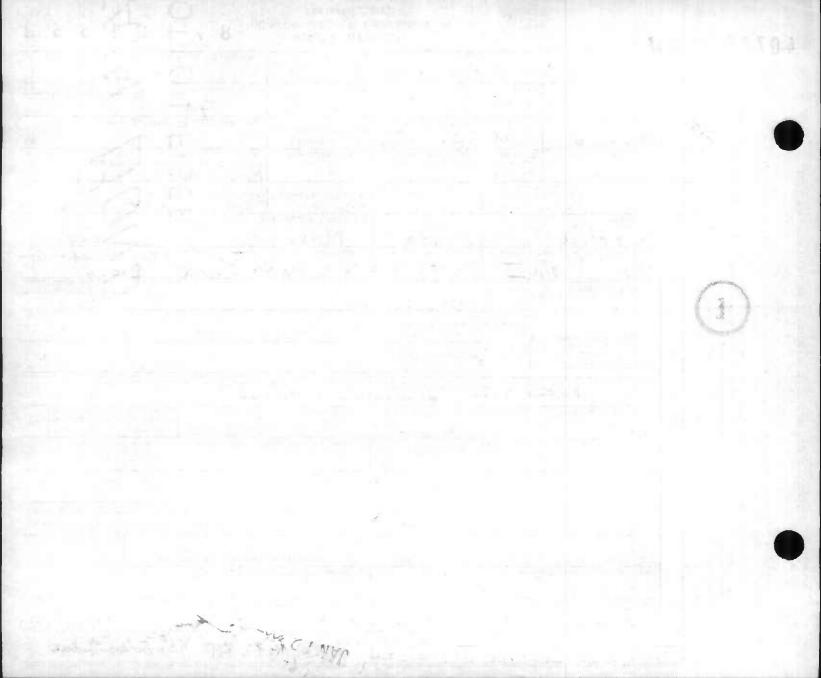
BE FILED, WITHIN 72 HOURS

S. 201 W. PRESTON STREET, DEATH MATED 1-14-87 10 RAYMOND **SPARROWS** Lewis 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR 2c DATE LAST BIRTHDAY) PRONOLINCED 19,1976 Male White Oct. 1-14-87 10 DEAD 1:34P 10 76 CITIZEN OF WHAT COUNTRYS TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Kansas Baltimore City WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION. 128 USUAL OCCUPATION (TYPE DE WORK 1126 KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESSI FOR MOST OF WORKING LIFE) University Hospital STU Baltimore Student 器 5th Grade USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONIL 13a STATE 1136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS 13e STREET ADDRESS Delaware Sussex YES [] NO X Rt. 2 Box 44 1995 Laurel A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST MIDDLE LAST Lisa Walter Chae Sparrow 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 2 Box 44 (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 221-62-9017 Walter Sparrow Laurel, Delaware 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IR USED 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH pedestrian struck by an auto 3:48 PM 1-12+87 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) COUNTY WHILE CITY OF TOWN WHILE AT WORK Laurel Delaware J.S.Rt.13-A 2/10mi S. of hawy. Laured Delaware 220 I certify that I took charge of the remains described above, held an and in my apinion IX. death resulted fram: Accident Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL 1-15-87 Assistant SIGNATURE EXAMINER'S NAME ADDRESS_111 Penn Street (TYPE OR PRINT) William M. Zane M.D. 9 23a BURIAL CREMATION REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Salisbury, Wicomico Maryland 1-1987 24 FUNERAL DIRECTOR TE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE DHMH Salisbury, Maryland Baker & Bounds (VR A15 ME (5))

STATE OF MARYLAND



40768 JAN	16	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	1652
8 T-5		CEASED NAME FIRST	MIDDLE	SPATH	The state of beautiful and the state of the	DAY YEAR 26 HOUR
pods pods	1.58	Lows	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
4 90	1	MALE	CACASIAN	MONTH DAY YEAR	74 YRS.	MONTHS DAYS HOURS MIN.
and 72 house	Ja B	RTHPLACE LEINTE OFFOREGA	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BAGIMUNG COUNTY	OF DEATH MD.
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pletely nd 2 sh	14. F	THERS NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
0 00 0	16a 1	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	MARY URITY NO. 17, INFORMANT	To ADDRESS 370	Derg
be exection and Paget		YES, NO, OR UNKNOWN) (IF YES GI	WII 212-07	-3928 MRS, AN	NA Spath	21224
treat treat		PART I. DEATH WAS CAUSE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sminte
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on the prior	CERTIFICATION	THE DATE OF OPERATION	1	HOPERATION WAS PERFORMED	IN CERTIF	s, WERE FINDINGS USED YING CAUSES OF DEATH?
A store	18	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	YES NO YE	S NO
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C PHYS otherdin of the bur card Me had or the	MEDIC	21d INJURY OCCURRED NOT WHILE ALL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f LOCATION	CITY OR TOWN	COUNTY STATE
NDPN N Oct.		22a.1 certify that (I) (this hospi	ital) attended the deceased from	V =	10_17	19_ <u>\$</u> 子, that (I) (we) lost
ATTE Ospife d for t of 1 m 21	L		1) view the body ofter death.		deoth occurred on the date and hou	
At OR . the ho At DIRE Setoched		Bua K	know	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
HOSPITAL orned by th outst be det the the State PORTANT.	1	22d. PHYSICIAN'S NAME (TYPE C		22e ADDRESS MECL	CY HOSPITAL	
O HO		DEIAN K	1-1010ERS	301	St. PAUL PLACE	21202
BP	230.	BURIAL, CREMATION, REMOVAL (SPECIFY)	1-9-1987 5	NAME OF CEMETERY OF CREMATORY ACRED Ht. of Tes	23d LOCATION DATY OR TOWN	COUNTY MARY STATE
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	ADDRESS	263 S, CONKING 250 DA	TE REC'D. BY REGISTRAR 356 REGIST	PARTSHENATURE
(VRA 15, 4)		oseph N. LA	TUNINO JE, 3	1224 SY UAT	1 7 0 1001 (1	



DHMH - 16 60M 7 (VRA 15, 4)

page 3

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100	10 C	ITY OR TOWN OF DEATH		AL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATI		b. KIND OF BU	JSINESS OR			
4		Baltimore		ty, GIVE STREET ADDRESS) morial Host	pital	Retired	F WORKING LIFE)	Army				
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7		Charles	H.	Spencer	Mary	Elizabe	et.h	Woodre	OW			
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	-3.	18 CAUSE OF DEATH (Enter online) PART I. DEATH WAS CAUSED	DBY: AA	2014C A	MILLERALLE			APPROXIMATE BETWEEN ONSE	I AND DEATH			
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щ	M		DUE TO, OR AS A	CONSEQUENCE OF	ACIOISIS							
-	90	Conditions, if any, which gave rise to immediate	(b) /92	ETASOCIC	Account							
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		1.4.001			ATTENDING PHYSICIAN	MEDICAL STAT	IAN					
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W.		L.I. Kitchin	, M.D.		Union	Memorial I	lospital					
	23o E	BURIAL CREMATION REMOVAL	23h DATE	230 NAME OF	CEMETERY OR CREMATORY	236. LOCATION						
		Burial	1-19-87	Loudon	Park	Baltimore	2		aryland			
	24 FL	JNERAL DIRECTOR			250 DATE	PECO BY TRAR	156, REGISTRARS	SIGNATURE	atta .			
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SICIAN: 1 ng physic certificate viol-trans leental Hyg		WAS UNDERLYING ON CAUSE OF DEATH	HOUR A.M.		AY YEAR	216HOW INJURY C	OCCURRED (enter nature of injuf	RY IN ITEM 18 PAI	RT 1 OR PART 2)	
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	ASE EF,		MARY			SPENCER	OF ESTI- DEATH MATED	1 9 19 87	м
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	E TH RE, V RE PA E PA E STA D, 21		22a I certify that I took charge	of the remains describ	ad abaya bald	Autopsy , Inspection	n X. Inquiry		_
	EXAMINER: CERTIFICATE JID BE FOR DIRECTOR: , WITH THE S AARYLAND,				cident , Suici		Undetermined monner	ond in my apinion	
	XAA ERTII LD B IREC WITH		A .	0	, , ,	TITLE (CDECIEV)			
	ALE HHOU HOU VIH, KE, M		ACTUAL SIGNATURE	W/W		Deputy Ch	Lef MEDICAL EXAMINER	SIGNED 1-9-87	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHERCUTE THE CORTIFICATE. WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CIT TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BUILD TO THE CITY OF THE		EXAMINER'S NAME Ani	n M. Dixon,	M.D.		Penn St., Balt	co., MD 21201	
	DA PAR	23a. B	URIAL, CREMATION, REMOVAL 23	b DATE	23c. NAME OF CEME	TERY OR CREMATORY	23d LOCATION CITY OR LOWN	COUNTY STATE	=
07/84 25M	BP	24.5	Burial Internal	1-14-8	Arb ut	15 Cem	Arbutu	15 Marylas	10
23141	DHMH - 17	24 F	INERAL DIRECTOR	ADDRESS 18	10 =1 1	75a. DATE	REC'D. BY REGISTRAR 25% RE	CIDTRAR'S SIGNATURE	
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7 be			CEASED NAME OR PRINT) Ch	arles		E.		picer, Jr.	2a DATE	3 8T	MONTH	DAY	YEAR	3:30
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1/2/	3111	10. C	TY OR TOWN OF DEA	TH 1				OR OTHER INSTITUTION		OCCUPATIO			KIND OF	BUSINESS
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2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	13	Ma	ryland	13b COUNT		Bal time	VN	13d. Inside City Limits? Yes 🌁 NO 🗌	13 · STREET 2213	ADDRESS /	ZIP COD e Av	enue	21	1214
RY1,			THER'S NAME		IDDIE	LAST	d	15. MOTHER'S MAIDEN N		MIDDLE			- LAST	
MA MA	200	Cl	arles	E	DDIE .	Spicer	, Sr.	Charlotte	9	MIDDLE		Boo	ghêr	
TIMORE, the greet	Ye	VAS DECEASED EVER		ED FORCES?	217-10-		Mrs. France	es E. S	ADDRES Spicer	sam	e as	136)	
S, 201 W, PRESTON ST., B. ires that the death certification by the attending physican please remove conforming that the property or remove the property or content transmitted events.		NO	Conditions, if any, gave rise to imm cause (a), stating underlying cause	which nediate g the last.	DUE TO, O	R AS A CONSEQUENCE PROPERTY OF AS A CONSEQUENCE OF AS A CONSEQUENC	ENCE OF	Pulmana NOT RELATED TO THE TER WITH FEL	vy E		JI ION GIV	7	PART Iro	MATE INTERVAL INSET AND DEA
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the rottending physicion. Her this certificate has been signed by the huisil-transit neums.	giene prior	CERTIFICATION	190. DATE OF OPERAT 12/3/ 210. ACCIDENT WAS UND	186	196 COND	75 D		N WAS PERFORMED	200 AUT	NOX	IN CERTI	FYING C	AUSES	GS USED OF DEATH?
ON OF VI	Mental Hygor or Hem 18 sh	MEDICAL CE	OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d INJURY OCCURR	AUSE OF DEATH	P. 21e PLACE	M. MONTH D M. OF INJURY	19	21c. HOW INJURY OCCU	RRED (ENTER 1					
DIVISION PROPERTY OF THE PROPE	lith and	W	WHILE NOT WHI	ık 🗀		REET, FACTORY, OFFICE	FARM, ETC)	STREET 10 XC		CITY OR TOW	'N	COU	Z Z	STATE
ATTEND spirtal a	of Heo		27a L certify that (I) saw the decease above (I) (we) (d	d alive on_	1/3	19	Fo or	d that in (my) (aur) apinio	n death accuri	red on the dot	te and ha	ur and fr	om the c	hat (I) (we) I ouses stated
TAL OR A	NT: If frem		Gester	A. C	gals:	M.D.			MEDICAI	STAFF		220	1/3	186-
O FUNE	-	GUSTANO	A.	Con	Balez,	M.D	22e ADDRESS Uni	on Memo	orial F	lospi	tal			

DHMH - 16 60M 7/84

BP_

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland (VRA 15, 4)

23b. DATE

01/06/1987

230 BURIAL, CREMATION, REMOVAL

Burial

23c. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

CITY OR TOWN

Pry Baltimore, Maryland
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

126. KIND OF BUSINESS OR

IF UNDER 24 HRS

86, that (I) (we) lost

STATE

JAN

23d. LOCATION

Aulia Divider Randals

Address and the second for the second of the Marries is Spiners des Chargolie Hougher NAME OF STREET, No. Princes I. Spiece on Lo.

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	1	6	j.
	REG. INO.				

ı	1-	STATE REGISTRAR	21, 711	CERTIF	ICATE OF DEATH	8 REG. NO	. 0	1 6 5	1
1		CASED NAME FIRST OF RINT) HELEN	MIDDLE		PRITZER	2a. DATE OF DEATH	MONTH DAY	9 87 6	R
ı	0.054		DACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		10/6	ZA HBS
١	3 SEX	Female	White	MONTH		78	YRS.		MIN.
1	7a. BIR	RIHPLACE (STATE OR FOREIGN 7	. CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY O		DEATH	
	C	Germany	USA	MARRIE		Battimo	re Ci	ty	MD.
	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN			120 USUAL OCCUPATE		126 KIND OF BUSINE	SSOR
1	E	Battimore Cty.	3615 FORDS L	A. 1	APT 610 21215	Sales	WORKING [IFE]	Retail	<u> </u>
6	13a S	1. 11.			13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE,	ANT H	1215
7	IA EA	THER'S NAME	DALIII	10116	15. MOTHER'S MAIDEN NAM	76/2 /UN	100	7.16	10
1	I F FA		Wolf +	2	ELISSA	WIDDLE		STERN	
1		AS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			
	(4	ES, NO OR UNKNOWN] (IF YES, GIVE Y	212-20	-6336	Harold OKUI	V-6605 De	ancrof	TRd- 21	209
1		18 CAUSE OF DEATH (Enter only	ann sawa nas lina far (a) (b) an	d (c))	- 0			APPROXIMATE INTEL	VAL
1		PART I. DEATH WAS CAUSED	BY:	. ^	P. Heria			BUTWEEN ONSET AND	DE ATT
		IMMEDIATE		<u>.</u> (4.	Action 1 series				
1			DUE TO, OR AS A CONSCOUR	NCE OF	· Din the	at dissal 5			
1		Conditions, if any, which gave rise to immediate	(b) tape	NIC	15 Chemit	25.00.32			
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF					
			((c)						
	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART Ita	
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OBEDATIO	NI WAS BEREODATED	28a AUTOPSY?	Tank IE VEC VA	ERE FINDINGS USE	
	S.	DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	IN WAS PERFORMED	ZVG AUTOFST:		IG CAUSES OF DEAT	
	RTI					YES NO	YES [] NO [
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
	AL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	A/N	COUNTY 5	TATE
	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE F	ARM, ETC)	ZIMEEL	CHIONIO			, , , ,
		AT WORK AT WORK							
	-	22a.1 certify that (I) (this harmy) ottended the deceased from_	A 112	, 19	_, to	. 19.	, that (I) (s	ve) last
			1 15 19	87.a	, 19 nd that in (my) (aur) opinion d				
		220.1 certify that (I) (this has a saw the deceased a saw the	1 15 19	12 11-1	nd that in (my) (aur) opinion d	eath occurred an the do	ite and havi a		
		220. I certify that (I) (this happing saw the deceased above above, (I) (we) (this Idid act	1 15 19	12 11-1	nd that in (my) (aur) opinion d DEGREE ATTENDING		ite and havi a	nd fram the causes sto	
		220. I certify that (I) (this happing saw the deceased above above, (I) (we) (this Idid act	view the body after death	12 11-1	nd that in (my) (aur) opinion d DEGREE ATTENDING	eoth occurred on the do	ite and havi a	nd fram the causes sto	
		22e. I certify that (1) (this had saw the deceased after an above, (1) (we) (dust faid sat) 27b. SIGNATURE	view the body after death.	12 11-1	nd that in (my) (aur) opinion d DEGREE ATTENDING PHYSICIAN	eoth occurred on the do	ite and havi a	nd from the causes sto	
		22e. I certify that (1) (this had saw the deceased after an above, (1) (we) (dust faid sat) 27b. SIGNATURE	PRINTI BELL M.D.		nd that in (my) (aur) opinion d DEGREE ATTENDING PHYSICIAN	Bedith occurred on the do	FIAN D	nd from the causes sto	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic ex

should be detached for use as the burial-transit permit. Then please mutt the State Dept of Health and Mental Hygiene prior to burial, are

this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

24 FUNERAL DIRECTOR Hebrew Memorial F.H. - 1100 ReisTerstown Rd 21208

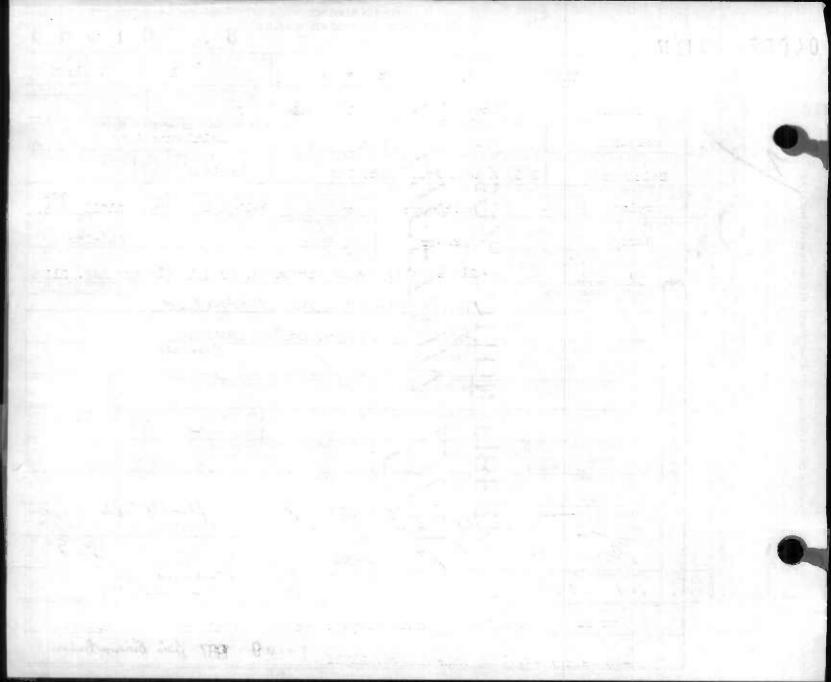
JAN 2 1 1987

1000-00100 The second secon Contract Mart File 144 CT and Contract ONLY THAT THE STREET STREET STREET TO BE THE TOTAL STREET TO A STATE OF THE STATE OF THE

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

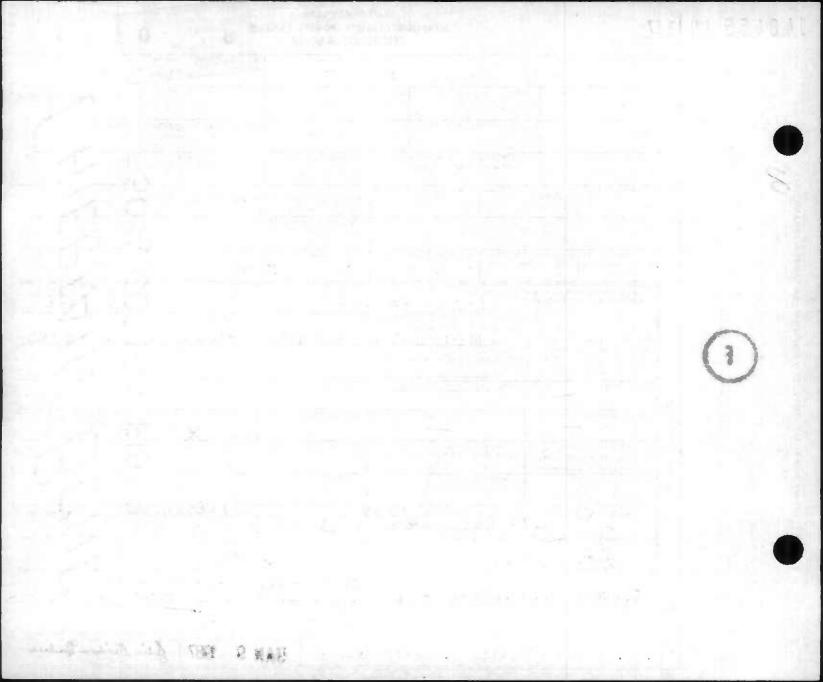
	Item # 5,	G 623, 1,	/21/87 By	F.H. Gbj.	STAT	E OF MARYLAND					
218	FOR STATE REGISTRAR			DEPARTI		ICATE OF DEATH	YGIENE	8 / REG. NO	0	1 6	5 3
	CEASED NAME	FIRST		AIDDLE		AST	20 DATE	0. 0	ONTH DAY	YEAR	26 HOUR
(. O. C. Allery	Lillia	n	М.	St	ambaugh			08		1:00 P
3. SE	Femal		4. RACE Whit	:e	5. DATE O		75		YRS		HOURS MIN.
7a. BI	RTHPLACE (STA		τ	WHAT COUNTRY?	WIDOWE		1	MORECITY OR Baltin	ore Ci	ty	MD
	ny or town on Baltimor		3939 R	HOSPITAL, NURSIN HEACHITY, GIVE STREET Dland Ave	ADDRESS)	t. 709	(TYPE OF)	AL OCCUPATION WORK FOR MOST OF RETIRED		126. KIND O INDUSTRY	OF BUSINESS OR
130 5	AL RESIDENCE (III STATE Maryland	F NURSING HOME OR 13b. COUN	OTHER INSTITUTION, ITY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	N	134. INSIDE CITY LIMITS?	3939	et ADDRESS / Roland		2121	709 1 Apt.
)	Harry		MIDDLE	Gardner	1	15. MOTHER'S MAIDEN N	NAME	WIDDLE		Shir	
	WAS DECEASED I YES, NO OR UNKNOW NO		MED FORCES? E WAR OR DATES)	218-18-		David Stamb	augh,	Jr 4719		rm Av	e. 21206 XIMATE INTERVAL
CERTIFICATION	Conditions, if gave rise to cause (o), underlying PART 2 OTHER	immediate stating the cause last.	DUE TO, O	R AS A CONSEQU	ENCE OF	NOT RELATED TO THE TE	RMINAL DIS	DISE	ITION GIVEN	VERE FINDI	INGS USED
SF							YES [NO	IN CERTIFYIN		S OF DEATH?
	OR CONTRIBUTING	AS UNDERLYING COLORS OF DEA	HOUR A.	PEINJURY M. MONTH D M.	AY YEAR 19	21c HOW INJURY OCC	URRED (ENT	ER NATURE OF INJUR	IN ITEM 18 PART	I OR PART 2)	
MEDICAL	216 INJURY OC	OCURRED	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET		CITY OR TOV	/N	COUNTY	STATE
	226 I certify the sow the do obave, (I) 4 22b. SIGNATUR	eceased alive on (did na	t) view the body	diter death.	86.	nd that in (my) (gur apinio DEGREE ASS ATTENDING PHYSICIAN 12e ADDRESS	MEDIC DIRECT	II E U	F IAN []	-	
	A-K	. Cator				Bi	ALTO.	MO	2/2	29	
		rial	1/10/			CEMETERY OR CREMATOR Ridge Cemeter	су В	ocation city or town altimory	2	оинту Мал	ryland
24 F	A Alan	OR C	Tr 301	ADDRESS	Arro	250. 0	AN 9	BY REGISTRAR 1987	ula De		



STATE OF MARYLAND

8	REG. NO.	0	1	0	3
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4 90		REGISTRAR EASED NAME FIRST	WIDDLE		ICATE OF DEATH	8 REG. NO			
or. p								YEAR	
or. p		OR PRINT) Anne	ette		ANBACK			1987	26 HOUR
oft of	3. SE X	(4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTH		INDER TYEAR	# UNDER 24 HI
en di E	f	emale	BLACK	noni 1	PAY3 YEAR L! 1	1:5	YRS.	THS DATS	HOURS MI
rh. Page ol direct	7e. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR BALTIMO	COUNTY OF		
deol	M		USA	WIDOW					
2 4 4 8 6		ALTIMORE	LIE NOT IN SUCH FACILITY	Y, GIVE STREET ADDRESS)	REET	120 USUAL OCCUPATION OF UNITED TO MOST OF	WORKING LIFE)	IZB. KIND O INDUSTRY	F BUSINESS
24 hour illed in uld be fulled in uld be fulled in uld be fulled be fulled by the uld by the u	USUA 130 S			TY OR TOWN	13d. INSIDE CITY LIMITS?	u STREET ADDRESS /	VERT S	T. AF	21218 PT. 2
sho thin		THER'S NAME	Priz.	207	15. MOTHER'S MAIDEN N	AME			
and 2	1	WILLIAM	MIDDLE THO	oma's	ROSETTA	WIDDIE		LEI	E
n ond to	{Y	VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (16 YES, C		CIAL SECURITY NO.	DALE STANBAC	ADDRES K BEY 5505 B	-	LANE	21206
quires that the death	NC	Conditions, if any, which gave rise to immediate cause (a), stolling the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b) M =	CONSEQUENCE OF CONSEQUENCE OF		CAKER MINAL DISEASE OR COND	ITION GIVEN	3 >	/EAR
he law recon. has been to permit. I can prior to aws any in	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	NG CAUSES	
F 0 5 0 5		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MO	RY ONTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
ING PHYSICIAN: attending physicians of the this certifical os the buricial-transity and whenton Hysicians or the and the and whenton Hysicians or the and the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU		211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
DOR: OR: Hep	8	22a certify that this has	pital) attended the decea		nd that in (m) (aur) opinion	, ta PRESE			that (hywe) couses stated
the he to the tocke tocke Dep		22b. SIGNATURE	ll MI		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI		22c. DATE	
O HOSPI or FUNE or FUNE with the S			ORPRINTI	L,M.D.	1000 E. EA	KINS HEALT SER ST.	BALTI		MAZI
5 6 F 2 2 7	23a. B	URIAL, CREMATION, REMOVA SPECIFYI BURIAL	1/10/87		EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN BALTIMORE	c	OUNTY	MD STATE



JAN	9	FOR STATE PEGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 PREG. NO.	0	1 6	6 0
		CEASED NAME OR PRINT) Ra	FIRST lph	MIDDLE		nsbury	20. DATE OF DEATH MO	L-15-	1987	26 HOUR 5
21	3. SE		4 RACE Whit	e	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	YRS. IF UN	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
83	M. BI	RTHPLACE (STATE OR FO	The second second	SA	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR 6 Baltimore	COUNTY OF	DEATH	MD.
14	Ba	TY OR TOWN OF DEAT	Unio:	n Memorial	Hosp	or other institution ital	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Ret. R.R.		12b. KIND OF INDUSTRY	BUSINESS OR
3	136 9	AL RESIDENCE (IF NURSIN TATE Md.	G HOME OR OTHER INSTITUTE 3b COUNTY	ON, GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	N	13d INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS / Z 3633 Robe		ace 21	1224
		Henry		tansbury		15. MOTHER'S MAIDEN NA First Margare	t MIDDLE		LA ST	
e medico		VAS DECEASED EVER IN (ES, NO OR UNKNOWN)	U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES			Mr. Howard S	tansbury Sr.		Rosela	wn Ave.
event, th		18 CAUSE OF DEATH PART I. DEATH WA	(Enter anly ane cause S CAUSED BY: MMEDIATE CAUSE (a),	per line far (a), (b), and CARDIO (NARY ARRE	51		BETWEEN ON	MSET AND DEATH
r ather traumatic		Canditians, if any, gave rise to imme cause (a), stating underlying cause	which (b)	OR AS A CONSEQUE OR AS A CONSEQUE	rn	PHEUMON, A M	/ ATELECTA	515	31)ms.
inlury, o	NOI	PART 2 OTHER SIGNI		CONTRIBUTING TO E		NOT RELATED TO THE TERM		OOR N		TION
2 ony	CERTIFICATION	19a. DATE OF OPERATION	ON 196 COI	NDITION FOR WHICH			20g AUTOPSY? 2	Ob. IF YES, WE N CERTIFYING YES	ere finding G causes c	GS USED
Item 18 sha		210 ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	VITEM IS PART I	OR PART 2)	
DIXEG DIX	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK	E [(AT HOME	CE OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
21 is mc		22a I certify that (I) saw the deceased abave (I) (we) (dia	his haspited attended			ad that in (aur) apinian	, to 15 JA death accurred an the date	and have and	87, the	nat(I) (we) last auses stated
JT: If Item		Sere 1	V. more	~ m&	1.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	и	1/15	/87
PORTANI		GEORGE	W. Mor	AN M.D		UNION MI	emorim +	tuspi	TM	
<	22. 0	LIDIAL CREATATION S	TALONAL 1221 DATE	122 1	LANE OF C	FARTERY OR COSALA ====:	224 LOCATION			

Jan.19,1987

Leonard J. Ruck Inc. Baltimore, Maryland

23a. BURIAL, CREMATION, REMOVAL
Burial

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

Emory Chapel

23d LOCATION CITY OR TOWN

Finksburg Carroll Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SSIGNATURE

TAN 16 1987

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DHMH - 16 60M 7/84 (VRA 15, 4)

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

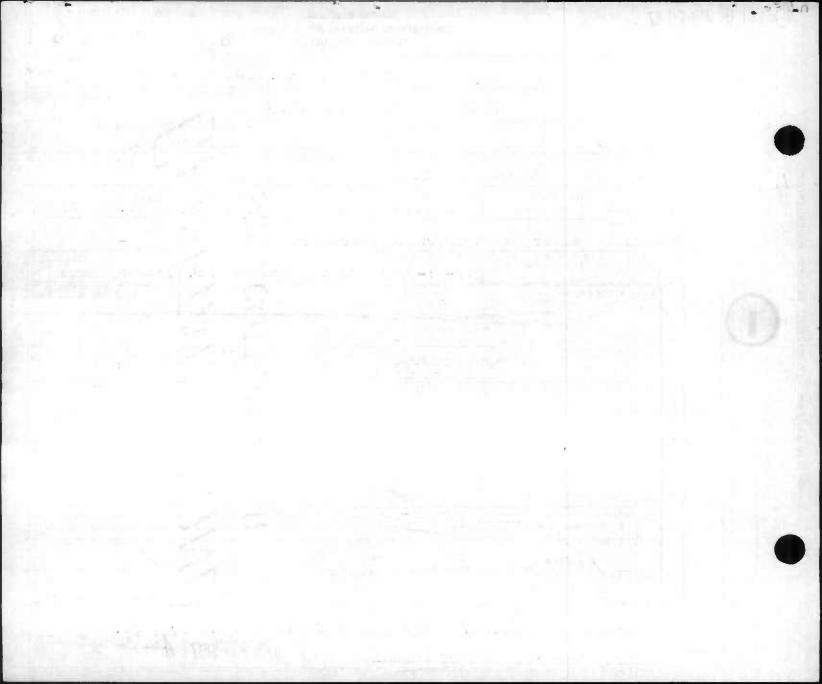
8	REG. N	10.	0	1	5	6	
O.F.	D. F. A. T.L.		CO. L.M.	WF - D	Total Control		

2016 JAN	1.	STATE REGISTRAR		CERTI	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	B REG. NO.	0 1	5 6
may be poge 3 ter deoth		CEASED NAME FIRST OR PRINT) WILLIA	M A		GERWALD Sr.	JANUARY 24,1	987	12 NO
4 0 5	3. SE	x Male	White	5. DATE	оғыктн "e "19 "1"91 (6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	HOURS MIN
death. Page neral direct of once		RTHPLACE (STATE OR FOREIGN COUNTRY) and	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRII WIDOW	ED NEVER MARRIED DIVORCED	Baltimore Cou	NTY OF DEATH	
1 25		altimore	11. NAME OF HOSPITAL, NUR. Church Hospi	SING HOME		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Stevadore		OF BUSINESS C
filled in	136. 5	AL RESIDENCE (IF NURSING HOME CO STATE 136 COU TYLAND	DROTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSIONS OWN 1010	13d. INSIDE CITY LIMITS? YES 🖾 NO 🗌	130 STREET ADDRESS / ZIP CO	ODE St.	21221
impletely ind 2 sh		ATHER'S NAME LILIAM ELME	er Steiger	wald	15. MOTHER'S MAIDEN NA Fredricka		_	AST
n ond an Poges			RMED FORCES? 166 SOCIAL SE 217-01		Dorothy Cr	ouse St. Gr	egory I	21222 ane
en signed by the rection of the place of the	TION		CONDITIONS CONTRIBUTING T	PASIS	T NOT RELATED TO THE TERM		ARAKATA	ŞIS
The low rection. te hos been sit permit. giene prior shows ony i	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO		YES NO IN CE	YES, WERE FIND RTIFYING CAUSE YES []	NGS USED S OF DEATH?
ing PHYSICIAN: T in attending physicial After this certificate to st the buriol-transi th and Mental Hygi norked or Item 18 sh	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIE CIFE EITHER, NOTHEY MEDICAL EXAMINITY OF CURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM	(OUNTY	STATE
TAL OR ATTEND by the haspital of RAL DIRECTOR: \(\) detached for use tate Dept of Hea NT: If them 21 is m		22b. SIGNATURE	pital) oftended the deceased from January 24 19 19 19 19 19 19 19 19 19 19 19 19 19		DEGREE ATTENDING PHYSICIAN [death accurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the	that (I) (we) lose couses stated
TO HOSPITAL etoined by th TO FUNERAL should be dett with the State IMPORTANT:			N LEE		100 N. Bro	**	to. Md	21231
BP		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL JNERAL DIRECTOR	1 1-1		CEMETERY OR CREMATORY AS OF Faith	Baltimore	EOUNTY	STATE

DHMH - 16 60M 7/84

Connelly Funeral Home of Dundalk

JAN 28 1987



STATE OF MARYLAND

8 / REG. I	NO.	0	Ì	0		6	
DATE OF DEATH	AACONITM	DAY	_	VEAD	21	HOUR	

		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE	
5	ANT	STATE 7 REGISTRAR		CERTIFICATE OF DEATH	8 REG. NO	0 1 0 0
		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
-77	0.051	LENA		SIEIN	4.465	1 20 87 3=
	3. SE	FEMALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS
oi .	≯ a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	4 2 04	9. BALTIMORE CITY O	R COUNTY OF DEATH
8		COUNTRY)	USA	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	-	MORE CITY
notified dt		DUT MORE TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE (DUTH BOOTING)	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWIF	ON 12b. KIND OF BUSINES INDUSTRY
T Che	USU/	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) NN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE
E	14 FA	THER'S NAME	XXXXXX BATTE	YES NO NO NO NA	11.00	VSEN) / SHE 21225
e constant		BENJATIN	MIDDLE DASAL SBU	RG MOLLIE	WIDDLE	BART
medicol	(1)			1.11.		N
a u	NO		214769	1227 AUGEN RI	D. GLEN BUR	NIE, MD 21061 APPROXIMATE INTERV BETWEEN ONSET AND D
raumanc		Canditions, if ony, which	DUE TO, OR AS A CONSEQUE			
bows only injury, or other	RTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TER/ VELSA H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES \(\text{NO} \)
and the second of the second o	AL CERTIFICATION	COUSE (O), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CAUSE OF DE	CONDITIONS CONTRIBUTING TO LYCHTHEMIA 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERM OF THE TERM H OPERATION WAS PERFORMED DAY YEAR 21c HOW INJURY OCCUP	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES \(\text{NO} \)
ned or them 18 slows only injury, or other	MEDICAL CERTIFICATION	couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO LYCHTHEMIA 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TER/ LACA H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO RY IN ITEM IB PART I OR PART 2)
1		couse (o), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE LIFE LITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY 1ATHOME, STREET, FACTORY, OFFICE.	DEATH BUT NOT RELATED TO THE TER/ VELSA H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET	200 AUTOPSY? YES NO CITY OR TO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO RY IN ITEM IB PART 1 OR PART 2) WN COUNTY STA
If them 21 is marked or them		Cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (1) (this hasp sow the deceosed alive or obove, (1) (we) (did) (did in 22b. SIGNATURE	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY IATHOME. STREET, FACTORY, OFFICE.	DEATH BUT NOT RELATED TO THE TER/ VERA H OPERATION WAS PERFORMED 21c. HOW INJURY OCCUP 19 21l. LOCATION STREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO TO THE PART 1 OR PART 2] WIN COUNTY STITLE AND THE PART 1 OR PART 2 TO THE PART 1 OR PART 2 TO THE P
them 21 is marked or them	MEDICAL	COUSE (O), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSO FOR CONTRIBUTING ALSO FOR LIFE ETHER, NOTHER MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hasp saw the deceosed alive of above, (I) (we) (did) (did not 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (1986)	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH ATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, which it is a size of the deceased from, office, off	JENCE OF JENCE	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death accurred an the do MEDICAL PHYSIC MEDICAL STAIL DIRECTOR PHYSIC	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO TO THE PART 1 OR PART 2) WIN COUNTY STA
If them 21 is marked or them	WEDICAL WEDICAL	Cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (1) (this hasp sow the deceosed alive or obove, (1) (we) (did) (did in 22b. SIGNATURE	CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE. 217. THE DOTA Office death. 228. DATE 238. DATE 236. DATE 236.	DEATH BUT NOT RELATED TO THE TER/ PARAMETER 216. HOW INJURY OCCUP 211. LOCATION STREET ATTENDING PHYSICIAN 226. ADDRESS	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death accurred an the do MEDICAL STAIL DIRECTOR PHYSIC WOVE ST. D 23d LOCATION CITY OR TOWN	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO TO THE PART 1 OR PART 2) WN COUNTY STATE OF THE PART 1 OR PART 2 OF THE PART 1 OR PART 2 OF THE 2 OF THE PART 2 OF THE 2 OF THE PART 2 OF THE PART 2 OF THE PART 2 OF THE PART 2 OF THE

188 B S p

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	0	1	0	6	
REG. 140.					

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		WEGTST KAK			*******	. chile of b		REG. N	0.		
		CEASED NAME FIRST	М	IDDLE		AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(,,,,		in		24	ern	200		1-5	18-87	7:408 M
	3. SE)	X /.)	RACE	.)	5. DATE C			6. AGE (IN YEARS LAST BI	_	IF UNDER 1 YEAR	IF UNDER 24 HRS
	113	Male	Wh	ile.	MONTH	9 9	1895	91	YRS.	MONTHS DATS	HOURS MIN.
5.			CITIZEN OF V	VHAT COUNTRY	? 8.	N		PALTIMORE CITY		OF DEATH	
ž	1	laryland	US	A	WIDOWE		ORCED	Bellin	me (Cily	MD.
ζ	forci	TY OR TOWN OF DEATH		OSPITAL, NURS		OR OTHER INST	ITUTION	12a USUAL OCCUPAT		126 HEMP	BUSINESSOR
4	1	Franklist	-	coen		7	2000	PROPRIETY	OR .		SHINGS
_	13a. S	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY		13c. CITY OR TO	WN	1 13d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
ã	-	IARYLAND		BALTIM	10RE	YES 📉	NO 🗌	4001 CLAR	KS LA.	,APT. 5	10#21215
7	14 FA		DDLE	LAST			MAIDEN NAM	E MIDDLE		LAS	.7
_	12	MAX		STERN			RACHÆ	4	RIN	G	
5	16a V	VAS DECEASED EVER IN U.S. ARME VES NO OR UNKNOWN) (IF YES GIVE W WWI-A	ED FORCES?	166 SOCIAL SEC	CURITY NO.	17. INFORMA	UT LEBS	RALCL ADS	PERNU	APDIC [5]	adere me
90	Y	ES WWI-A	RMY	215-24	.4863	4000G	BARKS LE	LA. ABALTO	12MD	21215	
1		18 CAUSE OF DEATH (Enter anly	ane cause per l	line far (a), (b), c	and (c).)					BETWEEN	IMATE INTERVAL ONSET AND DEATH
ò		PART I. DE ATH WAS CAUSED I		PULAN	DNAF	ZY E	mBol	LISM			
÷			DUE TO, OR	AS A CONSEQ	UENCE OF	- (_ ^		
C		Canditians, if any, which	((b)	AS A CONSEQ	- PHE	RAL U	As Cui	AR DISE	-AJL		
		gave rise to immediate cause (a), stating the	DUE TO OR	AS A CONSEQ	UENCE OF						
1		underlying cause last	((c)								
		PART 2 OTHER SIGNIFICANT CO	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CON	DITIONGIV	EN IN PART TIE	,
	CERTIFICATION										
1	CA	190. DATE OF OPERATION	196 CONDIT	ION FOR WHIC	H OPERATIO	N WAS PERFOR	RMED	20g AUTOPSY?		, WERE FINDIN	
	TIE							YES NO		5 🔲	NO [
5		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF		DAY YEAR	21c HOW IN	URY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 P.	ART 1 OR PART 2)	
7	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.A		19						
	ED	214 INJURY OCCURRED	21e PLACE C	F INJURY ET, FACTORY, OFFICE	SADA STO 1	211 LOCATIO	N	CITY OR TO	WN	COUNTY	STATE
	2	AT WORK NOT WHILE		er, ractori, office	, I HAM, ETC.				London Maria		
	51	220.1 certify that (1) (this haspital	attended the	deceased fram	12	2	. 19 8 6	_, 10	-2	19 87.	that (I) (we) last
		saw the deceased alive on abave, (I) (we) (did) (did not) v	view the bady of	after death	ar	nd that in (my) (aur) apinian de	eath occurred on the d	ate and hou	and fram the	causes stated
	30	276. SIGNATURE	1 -		/	DEGREE				22c DATE	SIGNED
		7	1 wan		(IN A	HYSICIAN X	MEDICAL STA		1:2	8-87
		224. PHYSICIAN'S NAME ETYPE OR P			ChO II	22e ADDRESS		ndals o	20,70	RPIUP	oden Ax
	100	132	Hu	SAR		Kal	timore	. And ?	125	2000	1000
ī	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR C	REMATORY	23d LOCATION	1.0.1		
	(BURIAL	JAN.30	1987	BETH I	FILOH		BALTIMO	RE	MAR	YLAND
	24. FU	UNERAL DIRECTOR SOL	LEVINS	SON & BR	OS., I	NC.	250 DATE	REC'D. BY REGISTRAR			
		6010 REISTERSTOW	N RD.	BALTO.	MD	21215	FFR	5 1987	Julia D	condern Ro	ndees
								11 17 17	1.0	-	

DHMH - 16 60M 7/84

BP.

MPORTANT: If Item 21

TO FUNERAL DIRECTOR: After this certificate has b

(VRA 15, 4)

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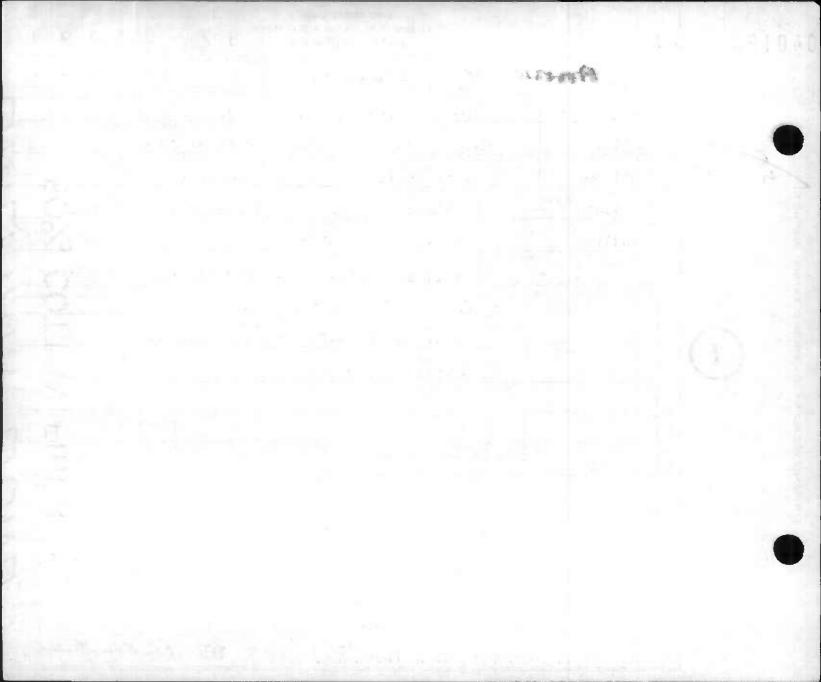
DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

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-	~	DEC	6.1

-	16	FOR STATE REGISTRAR			DEPART		EALTH AND MEN		IENE 8	REG. NO.	0	1	5	6	4
		CEASED NAME E OR PRINT)	EIRST		A T J	L	STEVENS		2a DATE OF	DEATH M) —	1-8	7 C	HOUR J3 E	30,
	1.56		4. R	RACE	V -	5. DATE C	OF BIRTH		6. AGE (IN YE	ARS LAST BIRTHE	(YAY)	IF UNDER 1		F UNDER :	
		Female		W	nite	Dec		YEAR 10	76		YRS	MONINS	PAYS	IOURS	MIN.
5		IRTHPLACE (STATE OR FOR	EIGN 7b	CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER MAR	RIED 🗆	9 BALTIMOR	E CITY OR	COUNTY	OF DEAT	Н		
ì		Virginia		US		WIDOWE	DIVOR	CED 🗌	Baltin						MD.
)		Baltimore		St.	Agnes Ho	ospita	OR OTHER INSTITU	TION	12a. USUAL O (TYPE OF WORK) Homen	OR MOST OF W			TRY	BUSINES	SS OR
5	13a. S	Maryland	HOME OR OTH		GIVE RESIDENCE BEFO 13c. CITY OR TOV Baltimo	WN			130.STREET AI 133 Pa	odress / z lormo	IP CODE	nue,	2122	29	
)	14. FA	William	MIDE	DLE	Otis		15 MOTHER'S MA Clai		ΛE	MIDDLE		H	lall.		
		WAS DECEASED EVER IN	U.S. ARMED		166 SOCIAL SEC	URITY NO.	17. INFORMANT			ADDRESS					
		No			Unavail	able	Jeanette	⊇ L. E	Burkows	ke, 1	33 P				
		18. CAUSE OF DEATH (PART I. DEATH WAS	Enter only o CAUSED B MMEDIATE C	AUSE (o)	Chronia Chronia	c Va	struction	le fr	JEEST	IVE	DISE		PROXIMA VEEN ON	SET AND	DEATH
)		Conditions, if ony, we gove rise to immed couse (a), stoting underlying couse PART 2 OTHER SIGNIF	diote the lost.	(c)		JENCE OF	Mellitus NOT RELATED TO	. 1	4PE I	T		/EN IN PAR	RT 1(0)		
2	CERTIFICATION	190 DATE OF OPERATION	N	196. CONDI	TION FOR WHICI	H OPERATIO	N WAS PERFORME	D	20a AUTOR	NON I	Ob. IF YES	S, WERE FI	JSES OF	S USED F DEATI	H?
1	1000	210. ACCIDENT WAS UNDERLOOPED OR CONTRIBUTING CAU	JSE OF DEATH	21b. TIME O HOUR A.I	M. MONTH	DAY YEAR	21c. HOW INJUR	Y OCCURRI	ED (ENTER NATU	IRE OF INJURY I	NITEM IS F	PART I OR PAR	17 2)	a	
	MEDICAL	21d. INJURY OCCURRED		21e. PLACE (OF INJURY EET, FACTORY, OFFICE,	FARM, ETC)	21f. LOCATION STREET			CITY OR TOWN	1	COUNT	Y	51	ATE
		220.1 certify that (I) (the sow the deceased above, (I) (we) (did	olive on	1/1/	87 19	12	nd that in (1997) (our	9 <u>86</u>) opinion d	eoth occurred	on the date	ond hou	19		ot yff (w	
1		22b. SIGNATURE	ale	Cutsel	he 1	MD		NDING SICIAN []	MEDICAL DIRECTOR	STAFF PHYSICIA	MG.	22c. D	ATE SIG	SNED 8	7
		22d. PHYSICIAN'S NAM	E (TYPE OR PRI	NT)		1	22e ADDRESS	STA	TONES	Hosi	P		T	12	1229
		I VAN	CE KU	TSCHE			1100	ATON		Bn	1+11	MORE	-, N	10	
		BURIAL, CREMATION, RE	MOVAL 2	3b. DATE			EMETERY OR CREA			RTOWN		COUNTY	,	ST	ATE
	24 EI	Burial UNERAL DIRECTOR		1/5/8	/ Me	eadowr:	idge Mem.		Elkr REC'D. BY RE			Howar			land
		NAME	al II.	00 Tr	ADDRESS	105 The	21229 ens Ave.	1 A M	7 10	87 Z	MALIA	J'con de	NALLA	adas	-
	nu	bbard Funera	at HOII	E, Inc	·, 410/	MITKE	ins Ave.	SHIP	1 10	7					



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

E	0	7	
	8	REG.	NO.

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		REGISTRAR				CERTII	ICAIL OI DEATH	0	REG. NO).			765
5.1		CEASED NAME	FIRST		AIDDLE	t	IZA	20. DATE C	OF DEATH	HINOM	DAY YEAR	26 HO	UR
	TITPE	OR PRINTI	Rita		ecelia	5	Stevens			1 = 5	~ 87		М
7	3. SE)	(4. RACE	7.117.5	5. DATE C		6 AGE (IN	YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDE	R 24 HRS
CP1	AGSON	Female	All market and	WHITE	m) Notes II	Jan.	6, 1919 YEAR	67		YRS.	MONTHS	HOURS	MIN.
51		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIM	ORE CITY OF	R COUNTY	OF DEATH		
0		LAWARE	diatio	U.S.A.	***	WIDOWE		Ba	.ltimor	re Cit	-		MD.
9		TY OR TOWN OF DE	ATH				OR OTHER INSTITUTION	CTYPE OF WO	DEK FOR MOST OF		126 KIND (OF BUSIN	ESS OR
5		altimore	-				ral Hospital	HOUSE	AILE	77,		Mak	er
5	13a. 5	AL RESIDENCE (FNUR STATE LTYLAND	DAL COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOY Linth		134. INSIDE CITY LIMITS?	409 I	ADDRESS /	ZIP CODE	. 210	90	
	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA						
1	tW	lliam		MIDDLE	Kennedy	1	FIRST		WIDDLE		LA	ST	
	16a V	VAS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	55			
2		NO OR UNKNOWN)	(# 4£5, GN	E WAR OR DATES)	221-09-9	9557	George T. St	tevens	(same	e as	13e)		
7	CERTIFICATION	Conditions, if ony gove rise to im couse (o), storiu underlying couse PART 2 OTHER SIG	, which mediate mediate the last.	DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO		JENCE OF	ASHD Hyrut NOT RELATED TO THE TERM	MINAL DISEA 200 AUT YES		20b. IF YES	ZEN IN PART 1 S, WERE FIND YING CAUSE S	NGS USE	TH?
1		21g. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DE	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTERN	VATURE OF INJUR	TY IN ITEM IB	PART I OR PART 2)		
	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE			211 LOCATION STREET		CITY OR TOV	WN	COUNTY	V,	STATE
		22a I certify that (I	(this hosp	ital) attended th	e deceosed from			, to			19	that (I)	(we) lost
		sow the deceos	ed plive on	ot) view the body	ofter depth	. 00	nd that in (my) (our) opinion	deoth occurr	red on the do	ote and hou	or and from the	e causes s	toted
		226 SIGNATURE		//	Lain	در س	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	L STAF	F IAN \square	22c DAT	SIGNED	>
		22d. PHYSICIAN'S N	AME (TYPE	OR PRINT)			22e ADDRESS 5/8	amp	Lin	apl	went,	md	214
		BURIAL, CREMATION	REMOVAL	1/9/87			idg Mem Park		CATION TY OR TOWN	Howa	county	MI	STATE
		UNERAL DIRECTOR			1717		250 DA	TE REC'D. BY	REGISTRAR	25b. REGIS	TRAR'S SIGNA	TURE	
	Geo	orge Gonce	e 400:	1 Ritch:	le Hwy B	alto N	1d 21225 AN	8 - 18	01 8	بالج بالنا	ROBERT VI	rest .	1

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows

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vill modilis.				19414370
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0001s. John minster (0)		cuofiliali L	Arms Assende	Busin n
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	ST	ATE	OF	M	ARYL	AND		
TMENT	0	F HE	AL	TH	AND	MENT	AL	HYO

DEPAR GIENE CERTIFICATE OF DEATH

ENE	8		REG.	NO.
2a. C	ATE	OF	DEATH	10M

REG. N	10.) 1	0	0	9
DEATH	MONTH	24	87	26 HO	JE N
ARS LAST 8	RTHDAY}	IF UND	DER I YEAR	IF UNDE	R 24 HRS
17		MONTH	DAYS	HOURS	MIN.

SEX	m	4 RACE	5 DATE OF BIRTH
DIDTLID	ACE	THE CONTRACT OF MALLET COLUMNITORS	0

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6. AGE (IN YE

12b. KIND OF INDUSTRY

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physicio

REGISTRAR

DECEASED NAME (TYPE OR PRINT)

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Deaton Medical Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13a. CITY OR TOWN

13c. CITY OR TOWN

Baltimore

WIDOWED

OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS? YES TH NO [

13e.STREET ADDRESS / ZIP CODE 611 S. Charles 15. MOTHER'S MAIDEN NAME

(TYPE OF WORK FOR MOST OF WORKING LIFE)

9. BALTIMORE CITY OR COUNTY OF DEATH

Taylor

14 FATHER'S NAME Tsaac

(YES, NO OR UNKNOWN)

Md

Md

Stevenson

(IF YES, GIVE WAR OR DATES)

16b SOCIAL SECURITY NO

17 INFORMANT

Nannie

ADDRESS catherine Green 3507 Woodland Ave/ 21225

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for igy, (b), and ici. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY?

ATTENDING

PHYSICIAN

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES |

710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOTA

WHILE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from saw the deceased olive on obove, (I) (we) (did) (did not) view the body ofter death

211. LOCATION

CITY OR TOWN COUNTY

DEGREE

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

23a. BURIAL, CREMATION, REMOVAL Burial

CERTIFICATION

MEDICAL

236 DATE 1/28/87 23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem

Westport

Md.

24 FUNERAL DIRECTOR

NAMChas.A.Rice FSPA 1300°Œütaw Place 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

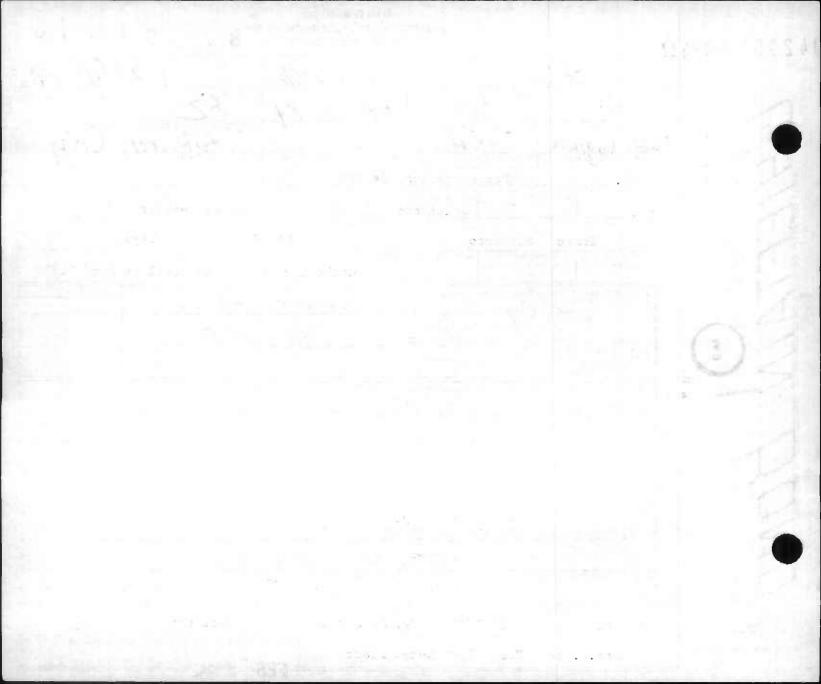
DHMH - 16 60M 7/84

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MPORTANT

(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	1	
-	REG. NO.			

- STATE - EGISTRAR		CERTIFI	CATE OF DEATH	8 FEG. NO.	UIO	0 /
CEASED NAME FIRST	WIDDIE	LA	ST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
Char	S	tewart	January 9, 1	987		
Male	4. RACE White	5. DATE O	CIAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
			ch 19, 1915	73 YR		
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED 🛣	Baltimore City or Cour		M
CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 700 Woodbo	TADDRESS)	ROTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN Painter Ret.	12b KIND C	OF BUSINESS OF
Maryland 13b COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNTY 131. CITY OR TOV Baltimo	NN 1	13d INSIDE CITY LIMITS? YES IN O	13e STREET ADDRESS / ZIP CO 700 Woodbou		21239
FATHER'S NAME FRST Harry	MIDDLE LAST Ste	wart	15. MOTHER'S MAIDEN NA/ Della	M.	K	nopps
WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECTOR OF THE PROPERTY OF THE PROPERT		Informant Lottie B. Mo	ohr16 Bloomingd	ale Ave.	21228
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Dr. Venido A	Alivio M.D.		22e ADDRESS 6010 York		re, Md.	
BURIAL, CREMATION, REMOVA (SPECIFY) Burial	AL 23b DATE 23c	NAME OF CE	METERY OR CREMATORY	23d LOCATION	COUNTY	

DHMH - 16 60M 7/84 (VRA 15, 4)

Henner J. Ruck, Inc. Baltimore

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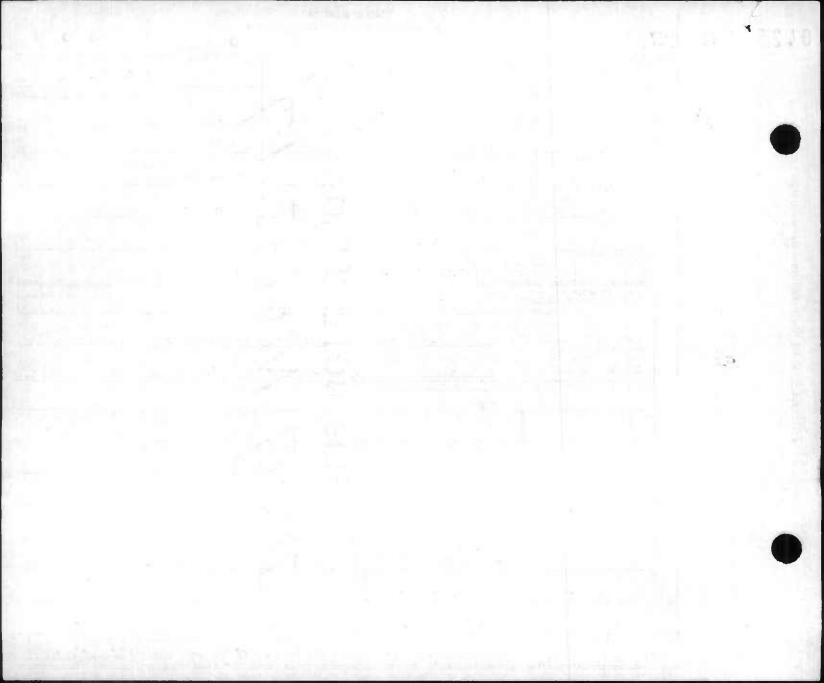
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AND 21	35	13a. S M	RESIDENCE (IF NURSING TOME OR TATE 126 COUN HOW	TY	13c. CITY OR TOV	WN	13d Inside City Limits? Yes \(\text{NXX}		/ ZIP CODE sting L	ight Wa	21045 y	
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(VRA 1	24.00	5	ero~y M. & Russe 555 Twin Knolls	Road,	Columbia	, MD.	121045 P.A. TA	N 29 1987	Julia D	undurn-K	indaelh	



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TAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	The law requires that the death cestificate be executed within 24 hours after death. Fage 4 may be	continue de la company de s Interpretation de la company d	shows any relative or the natural count the medical examination and the collections are

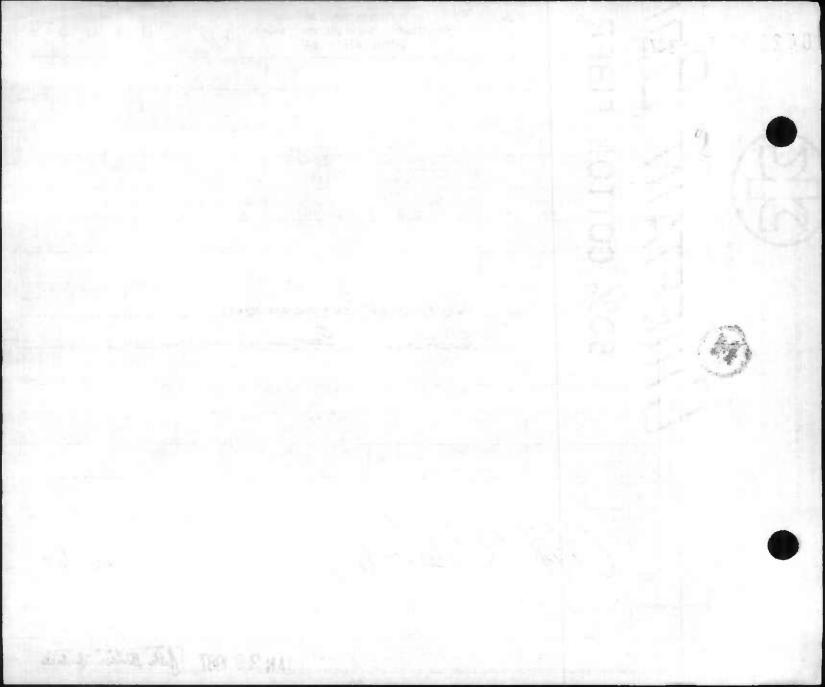
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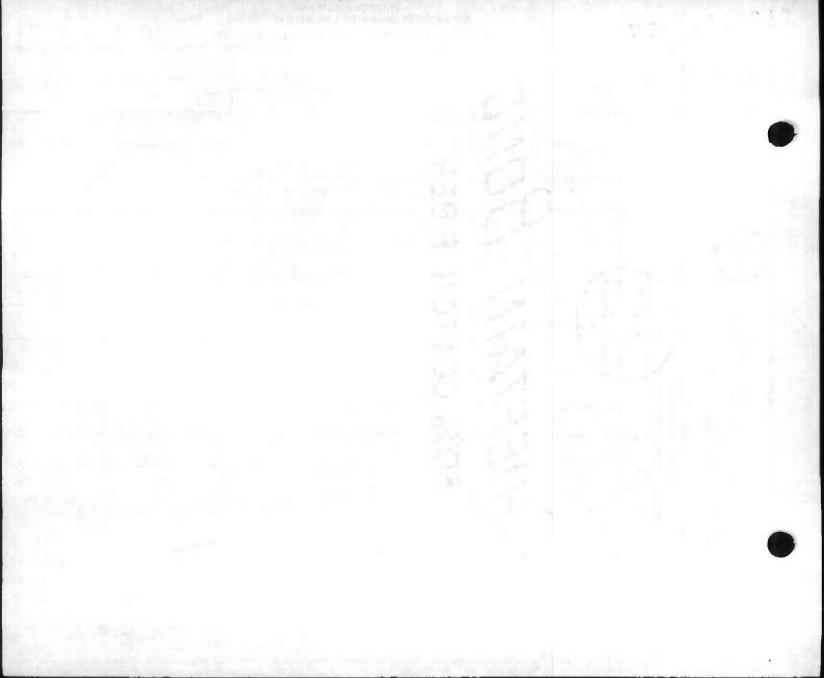
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276 I certify that (I) (this some the december of a some the december of a some that the some that t	nospital) attended the	deceased from	J. R.	, 19	deoth occurred on the	AFF _		
Dr. Cliffo	rd R. Whee	eless, Jr.		Uni	on Memoria	al Hospi	tal	
230. BURIAL, CREMATION, REMO (SPECIFY) Burial	01/29/			RY OR CREMATORY Cemetery	23d LOCATION CITY OF TOWN Baltir		arylai	nd
Burgee-Henss Fu	neral Home	e, 363155Fa	11s Rd,	21211 256. DA	TE REC'D. BY REGISTRA N 2 9 1987	R ISA EL ISTRA	r's signat	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

should be different with the State Deet IMPORTANT II III



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DHMH - 17 (VR A15 MF (5)) ADDRESS ADDRESS ADDRESS		BP			2/2/87 GREE	NMOUNT C			MD
(VR A15 ME (5)) MARCH FUNERAL HOME 1101 F. NORTH AVE.	25M	DHMH - 17	24 FI		ADDRESS		250. DATE F	REC'D BY BEGISTRAR 25 DEGIST	JAB COUPNA KINE
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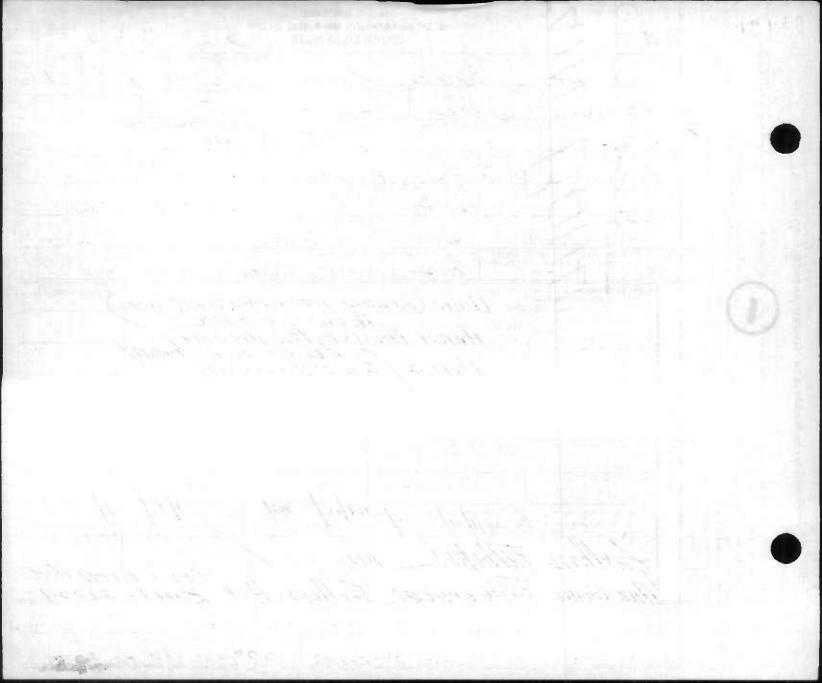


(VRA 15, 4)

STATE OF MARTLAND	TE OF MARYLAND	
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DATE OF DEATH	MONTH	DA	Υ	YEAR	2b. HOUR	

0110			STAT	E OF MARYLAND		
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VCRI	REGISTRAR		CERTII	ICATE OF DEATH	REG. NO	010/1
101	1. DECEASED NAME FIRST	MIDDLE	,	AST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
noy be poge 3 r death	Minery	ia Sara	ah.	Stone	6	01-21-87 1045
moy moy	3. SEX	4 RACE	5. DATE		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
oge 4	Fe male	White	- 09		85	YRS. MONTHS DAYS HOURS MIN.
a 72 0 9	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
de a d	Batimore	USA	WIDOW		Baltin	nove, MD.
ofter d	ROLL SERVICE	(IF NOT IN SUCH FACILITY GIV	E STREET ADDRESS	1 4	12¢ USUAL OCCUPATION (1YPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
120	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE		CE BEFORE ADMISSION	rospital	Homemaker	
ND 2	Maryland 13b. COU		imore		1820 Spence	zip code Street, 21230
1 1	14. FATHER'S NAME	Darc	THOTE	15. MOTHER'S MAIDEN NAM		Screet, 21230
MAR	William	U. Harl	kum	Luella	₩IDDI€	Hudson
	160 WAS DECEASED EVER IN U.S. A		AL SECURITY NO.	17 INFORMANT	ADDRE	SS
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DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The law requires the cattending physicion. Viter this certificate has been signed be as the buriol-transit permit. Their pleo ith and Membel Hygiene prior to buriol, arked or Item 18 shows ony injury, or a	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	DITION GIVEN IN PART 110
been mit. The prior to ony in	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR	/ OBERATIO	NI WAS BEREODINGS	20g AUTOPSY?	Teat IF VEC IN EDE EIN ION OF CORE
A REC	S DATE OF OPERATION	198. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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PHY tendir the bund M and M ed or	116 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN COUNTY STATE
DIVISION OF After 11	WHILE NOT WHILE AT WORK				/	
O O E	27x I certify that (I) (this has	11 1 - 1 - 1		12/15/1986/	, to	2/1, 19 27/., that (I) (we) lost
TITEN pital TOR for or of He	sow the decrased alive o above. (It iwe) (did (did n	at he body offer death	19.47	nd that in (my) (our) opinion d	eath accurred on the do	te and hour and from the causes stated
OR ATT OR ATT DIRECT DIRECT To Dept of them 2	276. SIGNATURE	411	11	DEGREE		/ IZC. DATE SIGNED
the Day	Lullan	Talmin	2	ATTENDING PHYSICIAN IN	DIRECTOR PHYSIC	FIANT
PIT PIT Sto	M. PHYSICIAN'S NAME THE	DEPHINT]		22e ADDRESS	11 9~	O CHITON HURE
O HOSPITAL to to the state of t	They tomore	France DO	70-0	1- House	Moes B	- Tana
TO H shoul	23a BURIAL, CREMATION, REMOVA	23b. DATE	132 NAME OF	EMETERY OR CREMATORY	23d, LOCATION	11-2129
D.D.	(SPECIFY)				CITY OR TOWN	COUNTY STATE
BP	Burial 24 FUNERAL DIRECTOR	1/23/87	Balto.	National Cem.	Baltimore	
DHMH - 16 60M 7/84	NAME THE PROPERTY OF THE PROPE		DRESS	21229	O 7 4000	256 REGISTRAR'S SIGNATURE



carbon popers. Page:

TO FUNERAL DIRECTOR, After this certificate has been signed by the attenshould be detached for use as the buriol-transit permit. Then please remaye as with the State Dept. of Health and Mental Hygiene prior to buriol, cremation,

IMPORTANT: If them 21 is marked or them 18 shaws

(SPECIFY Burial

24 FUNERAL DIRECTOR

Jan. 19,1987

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo

retained by the haspital

njury, or other troumatic

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1/	STATE REGISTRAR			JEI ANI	CERTIF	ICATE OF DEATH	8	REG. NO.	0	6	12
	CEASED NAME	FIRST	1	MIDDLE	Į.	AST	20. DATE O	FDEATH MONT	TH DAY	YEAR	26. HOUR
		Joshua	Denn	is Ste	ttlem				17, 19		12:05 M
3. SE		4	RACE		5. DATE C		6. AGE (IN)	YEARS LAST BIRTHDAY)	MONT	HS DATS	HOURS MIN.
1	Male		White		Jan	-1 - 0-			YRS		19 -
	RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	AL I	DRE CITY OR CO			
	Maryland		U.S.A	•	WIDOWE			altimere			MD
100	Baltimere	ATH 11	IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	and Hospital	TYPE OF WOR	OCCUPATION RK FOR MOST OF WOR		26. KIND OI NDUSTRY	F BUSINESS OR
130.	AL RESIDENCE (IF NUR STATE Maryland	MISH COUNTY	HER INSTITUTION. Y ngton	GIVE RESIDENCE BEFORE 13c CITY OR TOW Hager ste	N	138. INSIDE CITY LIMITS		ADDRESS Pennsylv	ania	Ave	2/74
14. FA	ATHER'S NAME FIRST	MI L.	DOLE	tettlemye	m	15. MOTHER'S MAIDEN FIRST Debra		MIDDLE		Grove	1
	VAS DECEASED EVER	IN U.S. ARMI	ED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRESS	2374	Penna	L. Ave.
1	YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)			Gary L. Ste	ttlemyer				. 21740
CERTIFICATION	Canditions, if any gave rise to im cause (o), statiunderlying cause	, which mediate ng the e last.	DUE TO, O (c) DUE TO, O (c)	R AS A CONSEQUE SEVETO R AS A CONSEQUE EXTRE ONTRIBUTING TO E	ENCE OF ENCE OF ME DEATH BUT	PRATORY F ES PRATORY PRE MA TUT NOT RELATED TO THE TE	Y DIST	RESS SI		N PART Iro	
IFIC							YES 🗆	NOTA	CERTIFY INC	G CAUSES	OF DEATH?
MEDICAL CERT	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	P.	M. MONTH DA M.	AY YEAR	21c HOW INJURY OCC			-	ORPART 2)	
MED	21d INJURY OCCUR	HILE	21e. PLACE (AT HOME STO	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
	220. I certify that (I saw the decess abave, (I) (we) (27b. SIGNATURE	and alive and did) (did nat)	view the bady	after death.	, aı	22e ADDRESS	G MEDICAL DIRECTOR	STAFF PHYSICIAN	nd haur and	224. DATE:	7-87
73n	Linda I				NAME OF C	22 South			re, M	d. 2	1210 M

Wayne sbere, Penna

Hagerstown, Washington

Ringgold Com.

R.D. 5 Hagers John St. 250 Date Rec'd. By Registran 256 Registran's Signature Danies Danies Redden Redden

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

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E. Crove	- N 19	llam er		(arry
League Hager St. 22740	y L. Steu	ran	-	45*1

Last L. Fisht, M.J.

To in

22 Couts Grenne, Moltumore, Md. 21210 Fd.

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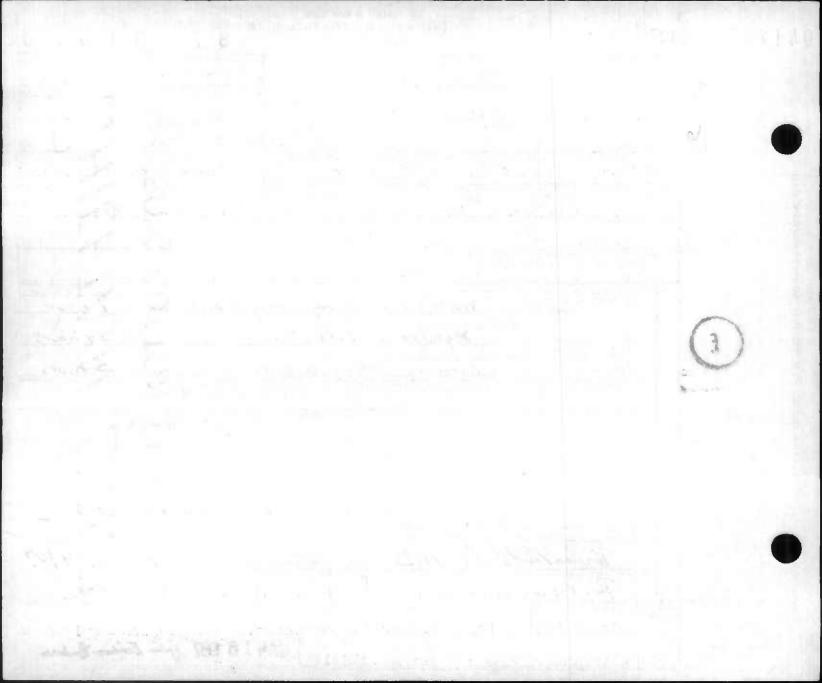
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Q	and	
0	REG. NO.	

187 STATE REGISTRAR			8 REG. NO.	0 1 6 7 3
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE			
MARY	STREB	J	ANUARY 14,198	6;50A _M
3. SEX 4 RA			AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female			0 A VD	
TO BIRLIMTACE (STATE OR FOREIGN 76. CI	TIZEN OF WHAT COUNTRY? 8	9		
76		17)	ALTIMORE CITY	
		DIACKCED F.V.		MD. 12b. KIND OF BUSINESS OR
			Retired Lo	rd Balto.Hotel
USUAL RESIDENCE (IF NURSING HOME OR OTHER 130. STATE 130. COUNTY		INSIDE CITY HAITS?	STREET ADDRESS / ZIP O	ODE
FATHER'S NAME	15. A	MOTHER'S MAIDEN NAME		
1 -			WIDDIE	Millow
			ADDRESS	Miller
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR	OR DATES)			
		Mary Kauff	6910Birdwo	odAve.21220
18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY		- 1 1.	1 1 -11 4.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAL	USE (0) VENTricular 1	achycaroua	Fibrilla Don	1 hour
Conditions, if ony, which	(b) My ocar dial	Infarction		24 hours
	OUE TO, OR AS A CONSEQUENCE OF Arte	bry Disease		5 hours
			20a AUTOPSY? 20b. IF	GIVEN IN PART 1(0 YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
TIE .			YES NO	YES NO
		. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH	P.M. 19			
21d INJURY OCCURRED 2	le PLACE OF INJURY 211			COUNTY STATE
ANUTE NOT WHILE	AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY ON TOWN	COUNTY STATE
AT WORK — AT WORK	tended the deceosed from Jan 1:	3 19 27	to Jan 14	. 19 87 , that (I) (we) lost
saw the deceased alive on	Jan 14 19 87 and the			hour and from the couses stated
obove, (I) (we) (did) (did not) view	The body offer deom,			221. DATE SIGNED
Brian Mi	thell MD	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1/14/97
224 PHYSICIAN'S NAME (TYPE OF PRINT	22e.	e. ADDRESS		
K. Brian	Mitchell	Johns H	opkins the	spital
	DATE 23c NAME OF CEMET		236 LOCATION	
	/ 17/07 Coourition	Drogosate		COUNTY STATE
	/ 11/8/ Becurity			re Maryland
NAME	ADDRESS	国际公司	I BY BELT Vistes	Dicator Roubes
	1. DECEASED NAME (TYPE OR PRINT) MARY 3. SEX FEMALE TO BIRTHATACE (STATE OR FOREIGN COUNTRY) MARY JAND 10. CITY OR TOWN OF DEATH BALTIMORE USUAL RESIDENCE (IF NURSING-HOME OR OTHER 13a. STATE USUAL RESIDENCE (IF NURSING-HOME OR OTHER 13a. STATE WAS COUNTY MG. BALTIMORE TO 15a. STATE WAS COUNTY MG. BALTON BALTON MG. BALTON BALTON MG. BALTON BALTON MG. BALTON BALTON MG. BALTON MG. BALTON GEORGE 16a. WAS DECEASED EVER IN U.S. ARMED F (YES. NO OR UNKNOWN) (IF YES. GIVE WAR OR TO 18 CAUSE OF DEATH (Entre: only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAI Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT COND 19a. DATE OF OPERATION 1 9a. DATE OF OPERATION 1 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOISEY MEDICAL EXAMINER) 21a. TO WHILE AT WORK WALLE WALLE WALLE AT WORK 1 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PRINT) REPORT OF THE CONTRIBUTION 22d. PHYSICIAN'S NAME (TYPE OR PRINT) REPORT OF THE CONTRIBUTION 22d. PHYSICIAN'S NAME (TYPE OR PRINT) REPORT OF THE CONTRIBUTION 22d. PHYSICIAN'S NAME (TYPE OR PRINT)	The capture of prints of the control of the capture of prints of the capture of the ca	DEECASED NAME	TO DECEASED NAME THEST STREE THE STREET STREET STREET SAME THE STREET STREET STREET STREET SAME THE STREET

ConnellyFuneralHome 300MaceAve.21221



STATE OF MARYLAND

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0050 1111	107			STATE OF MARYLAND			
0 0 5 2 JAN -	5 U/	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE B REG. N	0 1 6	14
		CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
poge 3	1,1,7,0	CHRISTI	4E	STUDY	1/1/81	7	24 /AM
4 ma	3. SE		RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
og og og			V.	1/18/21	67	YRS	
72 hg 4	7a Bi	RTHPLACE (STATE OR FOREIGN 7	L CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED		OR COUNTY OF DEATH	
5 5 5	di	TY OR TOWN OF DEATH	12 NAME OF HOSPITAL APPROX	WIDOWED DIVORCED	BATMORE	CITY	MD.
The day	Ph		(IF NOT IN SUCH FACILITY, GIVE STREE	011 11-1	120 USUAL OCCUPATI	OF WORKING LIFE! INDUSTRY	F BUSINESS OR
be en of	DSU/	TIMOKE CITY F	THER INSTITUTION GIVE RESIDENCE BEFO	CEY MED. CIC.	Amen	AKUL BIS	24
old b	اعدا	13b COUN		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	7 //.	7/
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		VAS DECEASED EVER IN U.S. ARA		URITY NO. 17 INFORMANT	ADDRE	8 902 Mea	Luca Br.
ond coges:		TE POS LINENOWN 18 YES, GIVE	330-13	1-5071 2000 TA	The link	Dei 210	61 632
= = =		18 CAUSE OF DEATH (Enter only	v one couse per line for (a), (b), a		111-1000	AFFECRY MITWEEN C	MATE INTERVAL
emove event,		PART I. DEATH WAS CAUSED		ARKEST			
			DUE TO, OR AS A CONSEQU	IENCE OF			
the otten remave c emotion, er troum		Conditions, if any, which	(b)				
by the ottergin sse remave cath , cremotian, ar I		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF			
7 0 0 5		underlying couse lost.	(c)				
gne bur	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 110	>
	15	190 DATE OF OPERATION	THE CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN	ICC UCED
permit ne prio	FIC	THE DATE OF OPERATION	174 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IN CERTIFYING CAUSES	OF DEATH?
	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	YES DRY IN ITEM 18 PART 1 OR PART 2)	NO [
certificate unial-transit vental Hygie Item 18 sha		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR	122		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION			
the the	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TO	OWN COUNTY	STATE
		22a I certify that (I) (this haspite	ol) ottended the deceosed from	12/31/56 19		. 19,	that (I) (we) last
2 00		sow the deceased alive an above, (1) (we) (did) (did not	1/1/87 19_	ond that in (my) (aur) apinion	death accurred on the de	ote and hour and from the	couses stoted
hed hed lept:	10	22h. SIGNATURE	A * A	DEGREE	A10	22c. DATE	SIGNED
AL DI detoch late De		Mel Jak	serva X	ATTENDING PHYSICIAN	MEDICAL STA		87
TA SE	1	214 PHYSICIAN'S NAME (TYPE OR	A F	22e ADDRESS			
MPOSTANT: IF		NEAL 1.	SAKIMA	4940 CASTE	RN BUE. BI	outo, MD 2	1224
713	23a 8	LIPHAL, CREMATION, REMOVAL	235 DATE / 0/ 77k	NAME OF CEMETERY OR CHEMATORY	23E LOCATION	1 Your 31	338
	1	nemalin	13/86	restrució em	615 Ver	lugar 7	ul.
H - 16 60M 7/84	14.4	INERAL DIRECTOR	- 150/mil	I Fort alle in Pl	TE REC'D. BY REGISTRAR	356 RESTSTRAR'S SIGNATI	URE
(VRA 15, 4)	4	allon sleve	William	mode -	4 887	Ast me	

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completely filled in by the funeral director, page 3 | Lond 2 should be filed within 72 hours after death

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TATE	EH-	MA A	PYI	ANI	1

S1 DEPARTMENT OF HEALTH AND MENTAL HYGIE

8	REG. N	10.		Ó	1.	j.,
o. DATE O	F DEATH	MONTH	DAY	YEAR	Zb HO	UR

JAN 13 1987

	STATE REGISTRAR	CERTIFICATE OF DEATH	8 / _{REG. NO.} 0	0 1. 5
	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) Frieda	Sugar man	20. DATE OF DEATH MONTH	H 87 5:45 PM
	3. SEX 4 RACE W HITE	5. DATE OF BIRTH MONTH DAY YEAR 05	6 AGE (IN YEARS LAST BIRTHDAY) 81 YRS	IF UNDER TYEAR IF UNDER 24 HRS
	MERTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT CO	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CI	TY MD.
1	10 CITY OR TOWN OF DEATH CALTIMORE 11. NAME OF HOSPITAL LIFNOT IN SUCH FACILITY. LIFNOT IN S	le Nebrew Geriptie	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L HOUSEWIFE,	176. KIND OF BUSINESS OR INDUSTRY AT HOME
1	MARYLAND BALTO.	OR TOWN TIMORE 134. INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS / ZIP COD 151 JUMPERS LA	A. #21208
d	14. FATHER'S NAME SOLOMON MIDDLE SMULOV		MIDDLE	SHERMAN
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (1F YES, GIVE WAR OR DATES) 216-	132 - 9 464 HENRY SUGARMA	24 14 16 06	XXXXXX
	MMEDIATE CAUSE (d)	ONSEQUENCE OF VASCULAR	EROTIC CARDIO	
	NOIL	R WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \NO \
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.	NTH DAY YEAR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)
١	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	Y, OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
ı	270 Lettify that (1) (this hospital) attended the deceose sow the deceosed alive on	th. 19 7, and that in (my) (our) apinian d	eath occurred on the date and ho	
	27b. SIGNATURE		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
		WAR BALTIM	ore mi) 2	1215
	236 BURIAL, CREMATION, REMOVAL 235. DATE SPECE 1 JAN. 6, 1987		23d LOCATION CITY OF TOWN BALTIMORE	COUNTY STATE MARYLAND
	24 FUNERAL DIRECTOR SOL LEVINSON & B 6010 REISTERSTOWN RD. BALT	ROS., INC. 250. DATE 250. DATE	REC'D. BY REGISTRAR 256. REGIS	

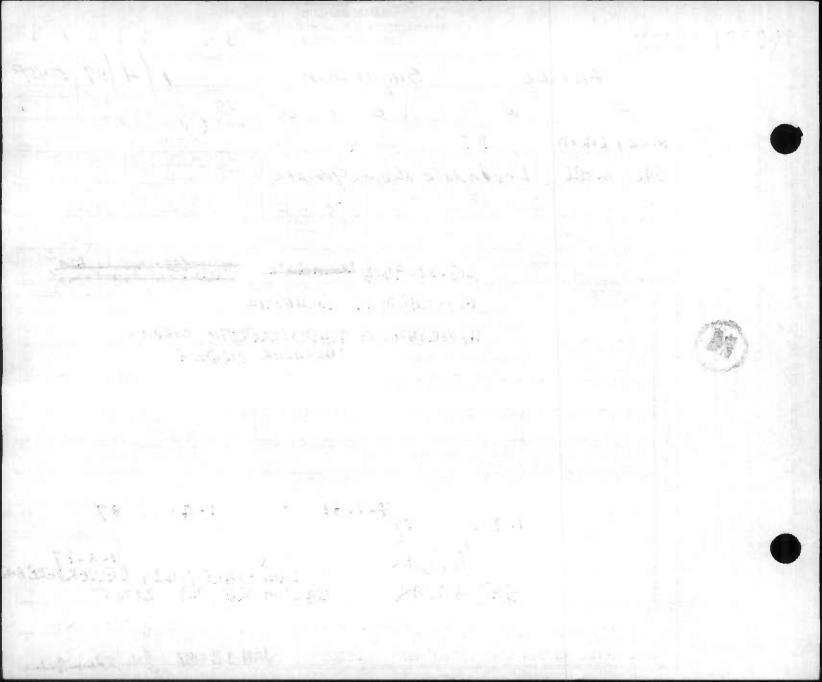
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

TO HOSPITAL

BP

IMPORTANT: If III should be detach



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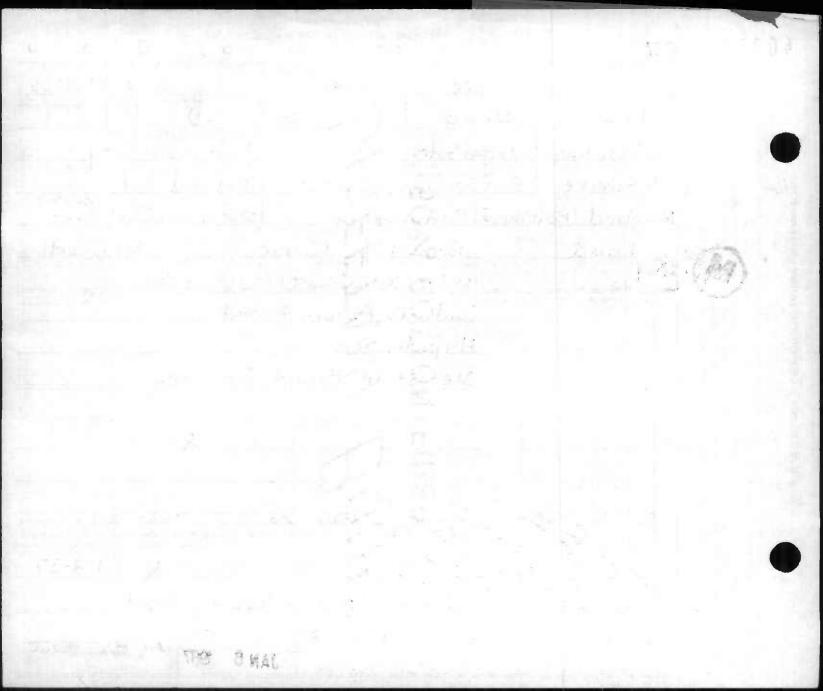
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REG. NO.	U	İ	0	1	

FOR STATI REGIS	E	DEPART		LTH AND MENTAL HYG ATE OF DEATH	8 7	0	1 6	1 6
1. DECEASED	D NAME FIRST	WIDDLE	LAST	Sumter	REG. N 26. DATE OF DEATH	MONTH DAY		26 HOUR
	Ola	ree	Sum	inter		1-2-	-87	12:06 M
3. SEX		RACE	5. DATE OF E	DAY YEAR	6 AGE (IN YEARS IN BI	RTHDAY) IF U		HOURS MIN.
	emale	Negro	7-	-6-26	90	YRS.		
70. BIRTHPLA	ACE STATE OF FOREIGN 71	CITIZEN OF WHAT COUNTRY?	MARRIED [NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
South	LATOLING I	1. NAME OF HOSPITAL, NURSIN	WIDOWED			1) gro.	7	MD.
Bak	tim are	UF NOT IN SUCH FACILITY, GIVE STREET		oi tal	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST	WORKING LIFE)	INDUSTRY	BUSINESS OR
USUAL RESI	DENCE (IF NURSING HOME OR O 13b, COUNT		/N 113	d. INSIDE CITY LIMITS?	13e STREET ADDRESS		2/2	29
14 FATHERS	NAME		1001	MOTHER'S MAIDEN NA		OUCKEN	TIUK	
3 1	Der 1115	Brou	N	Fannie	WIDDLE	Ma	- MONLE	nell
(YES, NO C	CEASED EVER IN U.S. ARM			Chart (nuentalun	Sumot	8 N. L.	oudon A
18 CA		Ci i con l'ed	Pulm	anam Ar	rest		APPROXIM. BETWEEN ON	ATE INTERVAL NSET AND DEATH
gove couse unde	ditions, if ony, which is rise to immediate (a), stating the orlying couse lost.	DUE TO, OR AS A CONSEQUE (c) VETOS DIVIDITIONS CONTRIBUTING TO	static	Breast	Caminor INAL DISEASE OR COM		IN PART 10	_
CERTIFICATION 130 DV	ATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION V	NAS PERFORMED	20a AUTOPSY?	20b IF YES, WIN CERTIFYING		
	CCIDENT WAS UNDERLYING DINTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	Tr. HOW INJURY OCCURR		URY IN ITEM 18 PART I	OR PART 2)	
~	VJURY OCCURRED	21s. PLACE OF INJURY	ARM ETC	II OCATION	CITY OR TO	OWN	COUNTY	STATE
10	certify that III (this bright ow the decouped by an bove, (I) we said tiid not	Intended the deceased from	777	that in (my) (our) opinion o	, to death accurred on the c			not (I) (we) lost ouses stated
	GNAPOW (B.h.	2 W	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSI		1-2	IGNED
A	lexander !	Bogdaschew	di.		a nover S	street	,	
Bur	ial		1	Nat. Cem.		ore, Md.	OUNTY	STATE
	LDIRECTOR ME March F.	H. 4300 Wabas	sh Ave	250 DATE	N 6 1987	R 25b RECASTRA	SHENATA	Andres

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other tra



STATE OF MARYLAND

DEPARTMENT OF HEAL CEDTIELCA

TH AND MENTAL HYGIENE TE OF DEATH	8	RRG. NO.	0	1	6	7
	-	KGO. TTO.			_	

43170 FEB	3	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR	1
4 may be 7, page 3 ther death			HRS.
death. Page death. Page hinner all bireast		IRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH OUND DIVORCED DIVORCED BALTO. ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126. KIND OF BUSINESS	MD.
21201 nous offer to by the be shadow	ÜSU	BALTO. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
within 24.3		STATE 136 COUNTY 136. CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE, AFT - 176 ATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDLE	8
MORE, M.		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VES. NO OB UNKNOWN) (IF YES, GIVE WAR OR DATES) 245-204978 Chris Rogers 1817 E. 30 LST	
NST. BALT certificate to beingopen removal cevent, the		18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c)) PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) CARATER OF MARKET AND DEATH OF MARKET CAUSE (b) CARATER OF MARKET AND DEATH OF MARKE	ATH
that the death of by the attends are controlled to a controlle		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE O	_
the fore required on permit Them power prior to burn ones any injecty.	THICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OVEN AND THE PROPERTY OF THE TERMINAL DISEASE OR CONDITION OVEN AND THE PROPERTY OF THE TERMINAL DISEASE OR CONDITION OVEN AND THE PROPERTY OF THE TERMINAL DISEASE OR CONDITION OVEN AND THE PROPERTY OF THE TERMINAL DISEASE OR CONDITION OVEN AND THE PROPERTY OF THE TERMINAL DISEASE OR CONDITION OVEN AND THE PROPERTY OF	
PHYSICIAN: 7 Hending physics this certificate the byviol-trans and Wentel Hyge ed or hen 18 sh	MEDICAL CERT	216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216, TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216, INJURY OCCURRED 216, PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE	£
DIVIDED BY A THENDONG HOUSE OF STREET OR A THE OFFICE OF STREET OF	100	270.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on the deceased olive on obove, (1) (we) didi) did not) view the body after death. 276. DATE SIGNATURE 276. DATE SIGNATURE 277. DATE SIGNATURE 278. DATE SIGNATURE	
HOSPITAL OF THE PUNERAL DRIVE SOUND THE SOUND		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1-31-87 220 PHYSICIAN SNAME (14PE OR PRINT) 220 ADDRESS	-
PP	-	BURIAK CREMATION, REMOVAL THE DATE 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OR TOWN COUNTY STATE C	d
DHMH - 16 50M 4/83 (VRA 15, 4)	B	UNERAL DIRECTOR LANGE FUNERAL 1129 N. CAROLINE ST FFR 3 1007	

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STATE OF MARYLAND

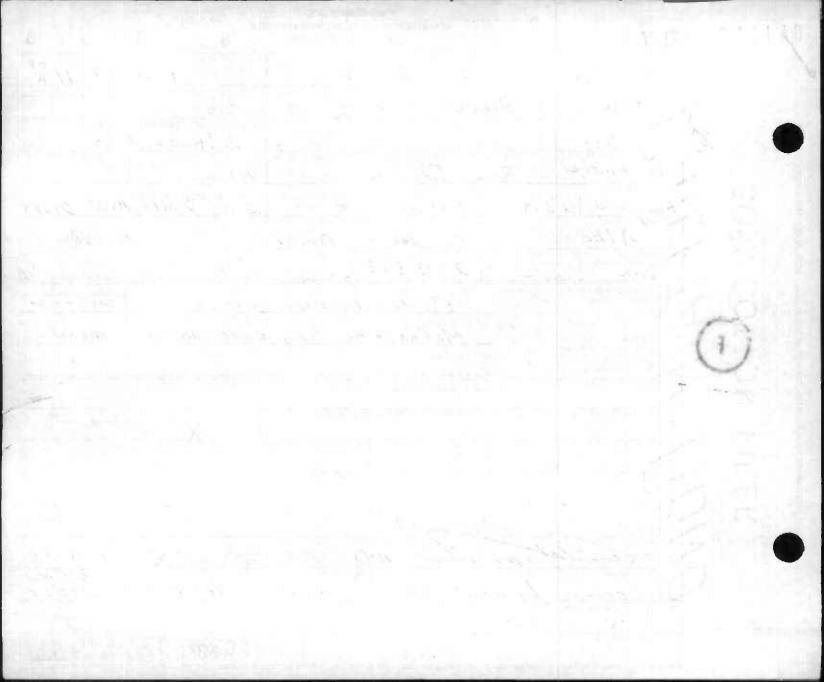
D MENTAL HYGIENE		et _a r	410		1	-3
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JAN	21-	FOR STATE REGISTRAR	DEPARTM	CERTIF	EALTH AND MENTAL HYG	IENE 8 REG. N	o. 0	1 8	5 7 8
		CEASED NAME FIRST W; // CA	m A.		iles	N. DAIL OF BLAIN	i 16	87	26. HOUR 08
1	3. SE	Male	Black	5. DATE C		6. AGE LIN YEARS LAST BIR	YRS.	UNDER I YEAR	HOURS MIN.
DXX	· ·	mD	NSA	WIDOWE	- And	70.1	nore (city	MD.
34		Baltimore		ADDRESS)		(TYPE OF WORK FOR MOST O	OF WORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINESS OR
or milest b	13a. S	AL RESIDENCE (IF NURSING HOME OR OF STATE 134 COUNTY LAND US	OTHER INSTITUTION GIVE RESIDENCE BEFORE 136. CITY OR JOW Bandon	N	13d INSIDE CITY LIMITS? YES NO [13e.STREET ADDRESS	ZIP CODE	Ave	21215
exomid		Albert	AIDDLE LAST Swain	les	15. MOTHER'S MAIDEN NAM	WIODLE		nass	rey
e medico		NAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE WW. W.	WAR OR OATES)	-815	GOORGE S	swailes ADDRI	3508	Lan	grehr Ro
event, th			y ane cause per line far (a), (b), and DBY: E CAUSE (o)	dio p	ulmanara	arrest			SALE INTERVAL SALE AND DEATH
or the troump	7	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	stn	tic lung	Carcino	MA	m	onths
Note and all and a	CERTIFICATION	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D			200 AUTOPSY?	20b. IF YES, V	VERE FINDI	
19		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA. (IF EITHER, NOTIFY MEDICAL EXAMINER)		YEAR	21c. HOW INJURY OCCURI				
wed or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
23.15.00		sow the deceased olive on	al) altended the deceased fram_19_0	7 , ar	nd that i (my) our) apinion	death accurred on the d	19 ate and have a		that (I (we) ast
d. If her	6	226 SIGNATURE	Camont	N	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	16-87
APORTA		22d. PHYSICIAN'S NAME (TYPE OF	Lamont My	0	2000	w & 17	l'more.	S+ =	8-H MD 21223
-		BURIAL, CREMATION, REMOVAL (SPECIFY) BUrial			emetery or crematory on Forest Vet	23d. LOCATION CITY OF TOWN DWINGS	Mills,	Md.	STATE
7/84	24. FI	uneral director Wm C March F/H	West 4300°Wai	ash A	7 1	N 2 0 1987		R'S SIGNAT	Andrew Control of the

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 7 10	0	1	6	1	7
REG. NO.	_	-			

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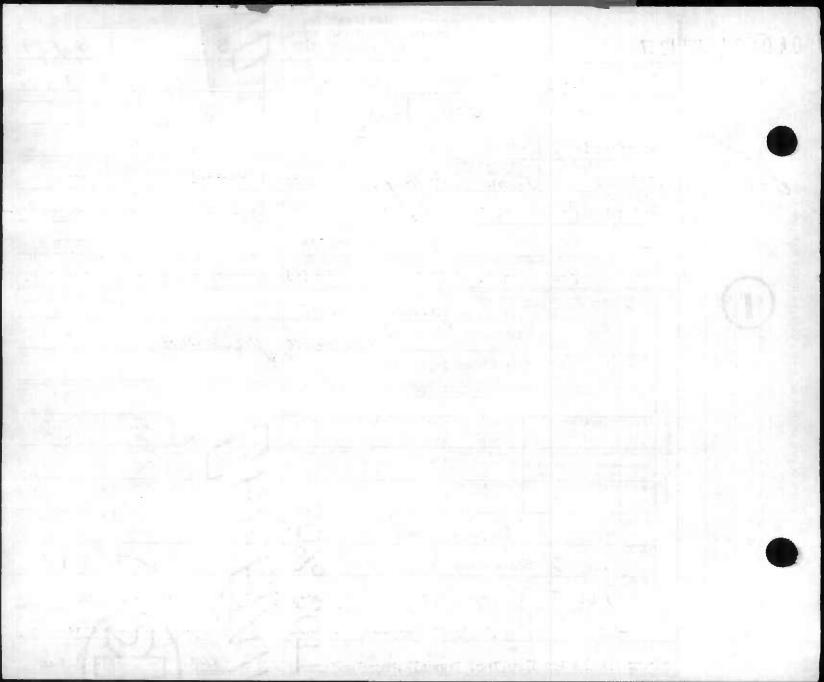
1	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
ı	EARC	Theodore 5	WASON	01	08 87 3:50 pm
1	Male Male		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1		12	oril 6, 1906	YRS	
1	_ COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8.	RRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF BEATH
1	Pennsylvania	United States WIDG	DWED DIVORCED	1120, USUAL OCCUPATION	MD.
	Baltimore	HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS FRANCIS SCOTT PLLY)	(TYPE OF WORK FOR MOST OF WORKING	
1	130. STATE 136 COUN	other institution, give residence before admissi NTY 13, CITY OR TOWN RIMORE ROSEDALE	13d. INSIDE CITY LIMITS?	138. STREET ADDRESS	21237 Way Apartment F
	14. FATHER'S NAME FIRST Swan	Swanson	15. MOTHER'S MAIDEN NA Emelia	WE	Münson
	160 WAS DECEASED EVER IN U.S. AR			ADDRESS	21237
1	Yes No OR JUNKNOWN) WORLD	Warli -067-03-1732	M. Virginia	Swanson 105 Asp	enwood Way Apt.F
1		ly one couse per line for (o), (b), and (c).)			BETWEEN ONSET AND DEATH
١	PART I. DEATH WAS CAUSE IMMEDIAT	ECAUSE (a) RESPIRATOR	y PAREST		
		DUE TO, OR AS A CONSEQUENCE	SF 2	0.4	
1	Conditions, if ony, which	(b)	BACTERIAL	proumoning	
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE C	OF .		THE STATE OF THE S
	underlying couse lost.	(c)			
		CONDITIONS <u>CONTRIBUTING TO DEATH</u>	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION O	GIVEN IN PART TIO
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERA	ATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
4	41				YES NO
7		LIGHT AND MODITION DAY WE	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)
	OR CONTRIBUTING CAUSE OF DEA	OID .	19		
	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK NOT WHILE AT WORK		Harris Company		
1		tal) attended the deceased from	2-31 19 86	, 10 /- 8	. 19 FF., that (I we) lost
		t) view the body ofter death.	0	deoth occurred on the date and h	
J	27% SIGNATURE	Olivan V	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
	Manc /	mann ,	PHYSICIAN [DIRECTOR PHYSICIAN	1/-00/
	THE PHYSICIAN'S NAME (TYPE O		22e. ADDRESS	off key Mear	in 1st
	THUC .	DIAMOND	Truncis X		UN CIRL
	230. BURIAL, CREMATION, REMOVAL		OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
	Burial 24 FUNERAL DIRECTOR	Jan.10,1987 Mana	ssas Cemetery	Manassas Pr	ince William Va.
	E CONTRACTOR DIRECTOR		100. UA	DI DI NEOIDINANIESE REO	TO CONTROL OF THE PART OF THE

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DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

Walter Brooks Bradley, Inc. Dundalk, Maryland



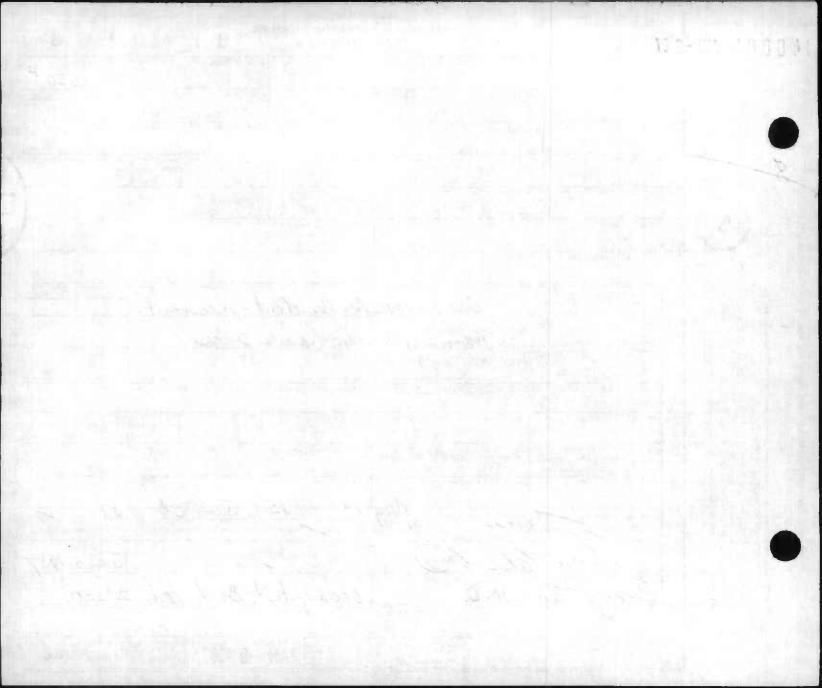
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	6 ¹ 8	FOR STATE REGISTRAR			DEPART		EALTH AND MEN		IENE 8	REG. NO		0	1 6	8 0	0
		CEASED NAME	FIRST	N	AIDDLE	L	.AST		20 DATE OF	DEATH W	AONTH	DAY	YEAR	2b. HOU	R
	11176		tha		C.		Swiss				1	3	87	3:30	M
	3. SEX		4 RA	ACE		5. DATE C	OF BIRTH		6 AGE INYE	ARS LAST BIRTH	(DAY)		RIYEAR	IF UNDER	
j		Female	950	Cau.		MONTH	2.5	12		74	YRS	MONTHS	DATS	HOURS	MIN.
4		RTHPLACE (STATE OR FOR	EIGN 7b C		WHAT COUNTRY	8	10.15		9 BALTIMOR			Y OF DE	ATH		1 1 1
5		Md.		U.S	Λ.	WIDOWE	D ENEVER MAR		D = 1 + 4		C1 +				MD.
٩	10 CI	ITY OR TOWN OF DEATH		NAME OF H	OSPITAL, NURSI	NG HOME C	OR OTHER INSTITU		Balti 120 USUALO	CCUPATIO	N	12b.		F BUSINE	
2		Balto.		5267	Cedonia	Ave.	21206		Nurse	- Cit			USTRY		
d		AL RESIDENCE (IF NURSING	HOME OR OTHE		130 CATY OR TOV		13d. INSIDE CITY	LIMITS?	13e STREET A	DDRESS /	ZIP COD	Œ			
á		Md.	-	-	Balto.		YES X NO	0 🗆	5267	Cedon	ia A	ve.	2120)6	
3	14 FA	ATHER'S NAME	MIDDL	F	LAST		15 MOTHER'S M		AE .	MIDDLE			LASI		
	K	Karol			udzinski			ices		MIDDE		J		ılski	í
1	160 V	WAS DECEASED EVER IN		FORCES?	166 SOCIAL SEC		17 INFORMANT			ADDRES	S			1011	
	()	YES NO OR UNKNOWN)	(IF YES GIVE WAR	OR DATES)	212-22-4	795	Leonard	B. Sw	viss 52	67 Ce	doni	a Av	e. 2	21206	5
	MINON	Canditions, if only, vigave rise to immedicate ital, stating underlying cause PART 2. OTHER SIGNIF	which diote the last	DUE TO, OR	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO	THE TERMI		OR COND				IGS USED	
1	CERTIFICATION	THE DATE OF OPERATION		170 CONDI	TION FOR WHICH	TOPERATIO	WAS PERIORM			NO 🗆	IN CERTI	IFYING C	AUSES	OF DE AT	H?
		2 to ACCIDENT WAS UNDER OR CONTRIBUTING CAL	JSE OF DEATH	21b. TIME OI HOUR A./	M. MONTH	AY YEAR	21c. HOW INJUR	RY OCCURR	ED (ENTERNATI	JRE OF INJURY	IN ITEM 18	PART I OR	PART 21		
	MEDICAL	21d INJURY OCCURRED		21e PLACE (OF INJURY EET, FACTORY OFFICE	FARM ETC)	21f LOCATION STREET	05	-	CITY OR TOW	"N	CO	UNIY	5	TATE
		22a I certify that (I) (the saw the deceased abave, (I) (veridae)				1411c	nd that in (my) Jou	Tapinion d		an the date	e and ha	, 19 ur and fi		بطر (ا) that couses sta	
		22b. SIGNATURE	14 /	1/2/	May)	DEGREE ATTE	NDING	MEDICAL DIRECTOR	STAFF		22	C. DATE	SIGNED 5. 19	987
		220 BHYSICIAN'S NAME GOOVGE	Talor	11'	D.		600Li	ghto	1. Ba	11.	Md.	2	123	30.	-/
	- 1	BURIAL, CREMATION, RE 1SPECIFY) BUrial	MOVAL 23	1-6-8			EMETERY OR CRE			RTOWN		COUN	ΤY		IATE
	_	UNERAL DIRECTOR	-	1-0-8) Inc	Ty Ko	sary Cem.		Balt EREC'D. BY RE		Sh. REGIS	TRAR'S	SIGNATI		IG.
		John C Mill	lor Inc	6/1	ADDRESS 5 Rolair	- Pd	21206	JAN	5 19	87	Aulia	Sand	-	Pendas	2

John C. Miller Inc. 6415 Belair Rd. 21206

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT:



	TEGEASED NAME	FIRST	WIDDLE	LAST	OF ESTI- DEATH MATED		HOUR
TOR SEET SEET	SEX 4. RACE	eborah	1 6. AGE (IN YEARS IF	Sykes UNDER I YR. IF UNDER		1. 0 17 07	I. HOUR
M X X	F B	MONTH DAY		ONTHS DAYS HOURS	MIN. PRONOUNCED DEAD		2:50
WITHIN SEST	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		VHAT COUNTRY? 8. MA	ARRIED NEVER MARRI	ED 🔲 🔠 - 3	OR COUNTY OF DEATH	MD
3310	CITY OR TOWN OF DEATH	(IF NOT IN SUCH I	OSPITAL, NURSING HOME, OR C FACILITY, GIVE STREET ADDRESS) HOPKINS HOSPIT	OTHER INSTITUTION	120 USUAL OCCUPATION (17P	DE OF WORK 126 KIND OF BUSINE OR INDUSTRY	IESS
	UAL RESIDENCE HE IN NURSI		GIVE RESIDENCE BEFORE ADMISSION)		13.1236 APPRESPREST	ron street/28	2
300	FATHER'S NAME ALAN	MIDDLE	sykes'	15. MOTHER'S MAIDE MARGARET	N NAME MIDDLE	PHILLTPS	
300	(YES, NO, OR UNKNOWN)	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 214 62 8770	RAYMOND 3	PERRY 1551 E.	ENSOR STREET	
X	PART I DEATH WAS In Canditians, if any gave rise ta im cause (a) stating th lying cause last.	AMEDIATE CAUSE (a) (N) DUE TO, O which (b)	R AS A CONSEQUENCE OF	xication w	ith acute br	onchopne umon	-
CREMATIC	. 19	nic ethano			Tlac		
BURIAL CREVATIO	. 19	nic ethano	l abuse DITION FOR WHICH OPERATION	N WAS PERFORMED?			40 🗆
PRIOR TO BURIAL CREMATIO	Chro 190 DATE OF OPERATION 210 EXTERNAL CAUSE	nic ethano ON 19b. COND WAS 71b. TIME C rimary USE OF DEATH D. 21b PLACE	1 abuse DITION FOR WHICH OPERATION OF INJURY M. MONTH DAY YEAR M. 1 6 1987 S OF INJURY (AT HOME, 216)	N WAS PERFORMED? THOW INJURY OCCURRED Ubject use LOCATION) (ENTER NATURE OF INJURY IN ITEM 18 d narcotics	YES X NO	
201 PRIOR T	Chro 196 DATE OF OPERATION 216 EXTERNAL CAUSE UNDERLYING DOR CONTRIBUTING CA	nic ethano ON 196. COND WAS 216. TIME C rimary USE OF DEATH D. 216 PLACE	1 abuse DITION FOR WHICH OPERATION DEFINIURY M. MONTH DAY YEAR M. 1 6 1987 S	NWAS PERFORMED? HOW INJURY OCCURREI ubject use) (ENTER NATURE OF INJURY IN ITEM 18	YES X NO	NO STATE
	Chro 196 DATE OF OPERATION 216 EXTERNAL CAUSE UNDERLYING SOR CONTRIBUTING CA 216 INJURY OCCURRED WHILE NOT W AT WORK AT WOR	nic ethano ON 196. COND WAS 216. TIME C rimary USE OF DEATH D. 216 PLACE	1 abuse DITION FOR WHICH OPERATION OF INJURY M. MONTH DAY YEAR M. 1 6 1987 S OF INJURY (AT HOME, CTORY, FARM, ETC.) 1 n k n o w n escribed abave, held an Au Accident Suicide	HOW INJURY OCCURRED Ubject use TOCATION STREET Unknown Homicide TITLE (SPECIFY) M.D. Assistan	d narcotics CITY OR TOWN Inquiry , or Undetermined manner X,	YES X No PART TOR PART 2) COUNTY DATE SIGNED 1/7/87	





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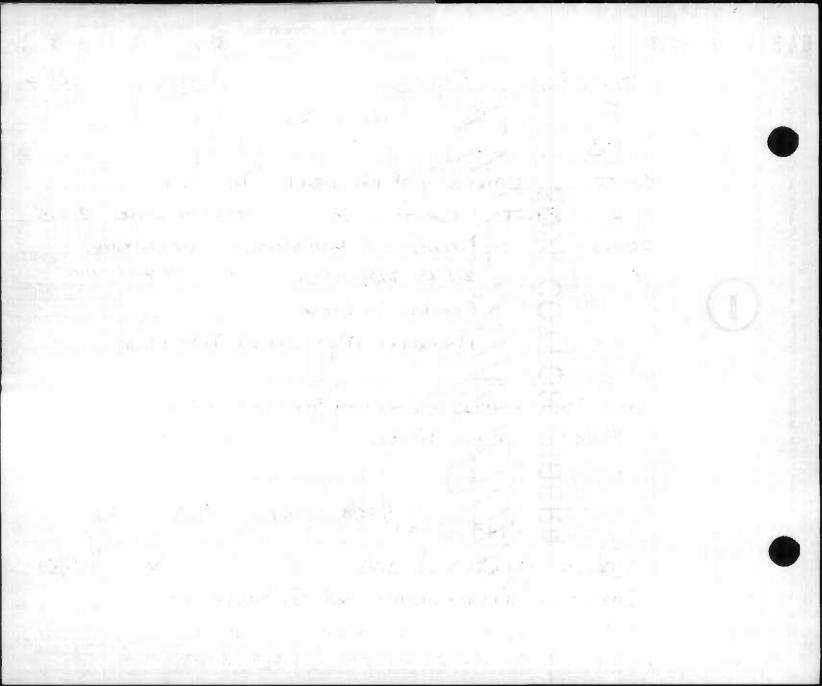
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT

AL HYGIENE	8	REG. NO.	0	1	
		REG. 140.			

	0 07	REGISTRAR		CERT	IFICATE OF DEATH	8 REG. N	0 1 5	0 4
		CEASED NAME FIRST	MIDD	lĒ.	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
٩	LITTE	Docaly	1	Bukes		1/20	07	DIOPM
-	3. SEX	· · · · · · · · · · · · · · · · · · ·	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 24 HRS
		F	B	MOM / 2		57	YRS DAYS	HOURS MIN,
1	Je BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH.	AT COUNTRY? 8	IED RIEVER MARRIED	BALTIMORE CITY O	OR COUNTY OF DEATH	
2		WD	USA	WIDOV		City		MD.
	10 CI	TY OR TOWN OF DEATH		PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	DE WORKING LIFE) INDUSTRY	F BUSINESS OR
9	ALISTE.	AL RESIDENCE LIF NURSING HOME	Drive	sity of 1	lacyland	Disable	d.	
3	13a. S			CITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	
627	14.5.		ACT	BALL	YES NO		omore 2	1215
3	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME	LAS	it.
-		John	17	AVIS	WIHAM	TOTA W	ILLIAMS	
		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166	SOCIAL SECURITY NO.	17 INFORMANT	ADDRI	La week A	1=21216
		NO	2	12-28-725	7 HUGH SYKE	ES 1637 W	ARWICK AL	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line	for (0), (b), and (c).)			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
			ATE CAUSE (0)	andiac t	orlure			
			DUE TO, OR AS	S A CONSEQUENCE OF				
		Conditions, if ony, which	(1b) P	mbable	Morand	Jal Info	netron	
		gove rise to immediate couse (a), stating the	DUE TO, OR AS	A CONSEQUENCE OF				
		underlying couse lost.	(c)					
	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH BL	IT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 11	0
	CERTIFICATION	Statos Fost	TAH BS			von lon tu	Jan	
	CAI	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES	
	STIF	129/87	Pelu	1		YES NO	YES	NO [
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF IN	JURY MONTH DAY YEA	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN		19	1			
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF I	NJURY FACTORY, OFFICE, FARM, ETG.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	2	AT WORK NOT WHILE		.1	-01-	1/.		
		22a. I certify that (I) (this has		sceosed Hom	198/			that (I) (we) lost
	-	sow the deceased olive o obove, (1) (we) (did) (did n	n 29	er death.	ond that in (my) (our) opinion	deoth occurred on the de	ote and hour ond from the	causes stated
		226. SIGNATURE	, 01	.). 1	DEGREE		22c. DATE	SIGNED
		Jours	1/100	MOK m	ATTENDING PHYSICIAN	MEDICAL STA		9/27
		224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS		A	1,43
		Steven	IT Ada	shek mr	22 5.6	rune St	_	
		URIAL, CREMATION, REMOVA	L 236 DATE		CEMETERY OR CREMATORY	23d. LOCATION		
	1	DURIAL	2-4-8	7 Wa	DLAWN	BAHO	COUNTY	MD
	24 FU	INERAL DIRECTOR	. =				256 REGISTRAB'S SIGNAT	WE Loca
		WARCH FIH	E. 110	0/ EDRESS NORTH	AUE FI	EB 3 1987	Julia Devider.	Kondida

DHMH - 16 60M 7/84 (VRA 15, 4)

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tetely filled in by the funeral director, page 3 g 2 should be filed within 72 hours offer death

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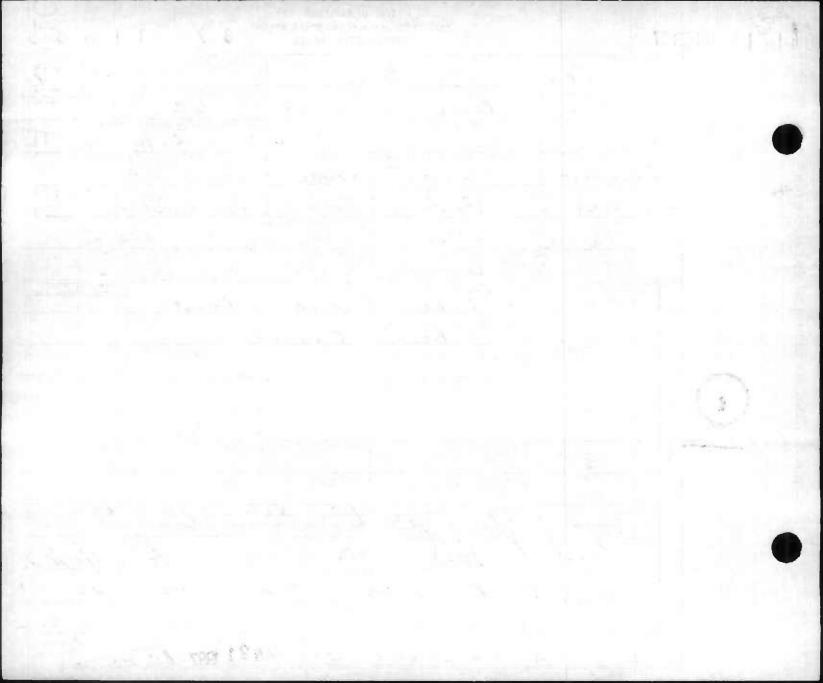
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. 140.	8	REG. NO.	0	1	6	8	
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(TYP)	ECEASED NAME FIR	ST MIDDLE	£A5	51	20. DATE OF DEATH MONT	H OAY YEAR	b. HOUR
	PE OR PRINT)	ANLES	Sx	J 5-C	0 1	11 87	900
3. SE		4 RACE	5. DATE OF	RIDTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HI
J. 3E	- A			2 24	A 2		HOURS MI
-	temal	le Black		2 24	62	YRS.	
7a. B	SIRTHPLACE STATE OF FOREIG	76. CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
16	In Ohnia	Us.	WIDOWED		BALTO CI	the	
10 C	CITY OR FOWN OF DEATH	11. NAME OF HOSPITAL, NUI			12a USUAL OCCUPATION	12b. KIND OF	
2	4	(IF NOT IN SUCH FACILITY, GIVE ST		(Citiza a log in Citiza a	(TYPE OF WORK FOR MOST OF WOR	KINGLIFE) INDUSTRY	000114000
Mary .	WALTIMOCE	SINI		OSPITITL	Narses asses	land	
130		OME OR OTHER INSTITUTION, GIVE RESIDENCE BI	EFORE AOMISSION)	134 INSIDE CATY LIMITS?	13e.STREET ADDRESS & ZIP	cons 2/	215
IN	raryland		come	YES THE NO T	4644 Pin	Wer Rd.	~, 5
14. F/	ATHER SNAME			15. MOTHER'S MAIDEN NA			
	FIRST ()	MIDDLE MAST	2019	FIRST .	MIDDLE	MALLIAST	
(45)	Clana	ce man	110000	Drene	1000000	- argus	
	WAS DECEASED EVER IN U.	YES, GIVE WAR OR OATES)	ECURITY NO.	17 INFORMANT	ADDRESS		
	"He I'm	X/6-/	8-1535	hart	70		
	18 CAUSE OF DEATH (Fo	nter only one couse per line for (a), (b)	and (c)			APPROXIMA BETWEEN ON	TE INTERVAL
	PART I. DEATH WAS C	AUSED BY:	1	0	1 +		SET AND DEAD
	IMM	EDIATE CAUSE (0)	D10 - 1	UL MONARY	14866		
- 1		DUE TO, OR AS A CONSE	OUENCE OF				
	Conditions, if ony, whi	ch ((b) B;	REAST	CANCE	R		
100	gove rise to immedia						
	couse (o), stating t underlying couse lo		OUENCE OF				
		(c)					
1 -	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	NGIVEN IN PART TO	
CERTIFICATION							
718	190. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDING	SUSED
1 E					YES TI NOT	CERTIFYING CAUSES O	NO T
~	21a. ACCIDENT WAS UNDERLYIN	NG 1 216. TIME OF INJURY		21c. HOW INJURY OCCURE			
		NG 1 ZIB. TIME OF INJURT				EM 18 PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE		DAY YEAR	THE FIGURE AND AN OCCUR.	CED TENTER NATURE OF INJURY IN II	EM 18 PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M. MONTH AMINER) P.M.	19		CO TENTER NATURE OF INJURY IN II	EM 18 PART 1 OR PART 2)	
	OR CONTRIBUTING _ CAUSE	OF DEATH AMINER) HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	19	211 LOCATION	CITY OR TOWN	EM 18 PART 1 OR PART 2) COUNTY	STATE
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DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for use as the burn with the State Dept. of Health and Mer TO FUNERAL DIRECTOR: After this



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STATE OF MARYLAND DED A DEMENT OF MEALTH AND MENTAL MYCHENE

10	STATE REGISTRAR		DEF ARTI	CERTI	ICATE OF DEA	TH	8	REG. NO	o. 0	1 6	8 4
	CEASED NAME FIRST		MIDOLE		LAST		Za. DATE O	F DEATH	MONTH I	DAY YEAR	7b. HOUR
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3. SE.	х	4. RACE		S. DATE			6. AGE (IN	YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White	e	10 10		95	91		YRS	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MAR	RIED X	9. BALTIMO	ORE CITY O		OF DEATH	
	hilippines	U.	S.	WIDOW		CED 🗌	Ba	lto.	City		MI
	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITU	TION	12a. USUAL	OCCUPATION FOR MOST OF	ON		F BUSINESS OR
	Balto.		n Mem. Ho					lenes	. WORKING [#		te home
UŠU.	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)							
0	Md.	JNIT	Balto.	N	YES NO	IWII25	13e STREET		T	_ ^	1010
	ATHER'S NAME		Balto.	_	15 MOTHER'S MA			Oaklar	1d AVE	e. 2	1212
	FIRST	MIDDLE	LAST		FIRST			MIDDLE		LAS	51
16. 1	WAS DECEASED EVER IN U.S. A	BAAED EODCESS	166 SOCIAL SECU	DITY NO	17 INFORMANT			ADDRE	55		
		GIVE WAR OR DATES)			II IN ORMAN				55		
	No		158-07-	8772	1			-			IMATE INTERVAL ONSET AND DEATH
CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION	(b)	enile ch	ENCE OF DEATH BUT OTHER		THE TERMI	INAL DISEAS	SE OR COND	DITION GIV		NGS USED
E			tud. 19b				YES 🗌	NO		s 🗌	NO 🗆
MEDICAL CER	71a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMIN 21d, INJURY OCCURRED	P. 21e. PLACE		19	211. LOCATION	Y OCCURR	RED (ENTERN	ATURE OF INJUR		COUNTY	STATE
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	270.1 certify that (I) (this has sow the deceased alive cobove, (I) (we) (did1 (did right) SIGNATURE) 272. PHYSICIAN'S NAME (TYPE)	and) view the body	13 19	8c.			/MEDICAL		F		
730 5	BURIAL, CREMATION, REMOVA	1 22h DATE	72. 1	JAME OF	CEMETERY OR CREA	MATORY	236 LOC	ATION	-	7/4//	
	SURIAL, CREMATION, REMOVA	1 CO		TAME OF	LEMETERT OR CREA	MATORY		YORTOWN		COUNTY	STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

etained by the hospitol ar

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buriol, or

MPORTANT. If Item 21 is morked or Item 18 shows ony

Anatomy Board

24 FUNERAL DIRECTOR

ADDRESS Balto., Md

JAN 21 987 RAP JUNE GENERAL SIGNALIS

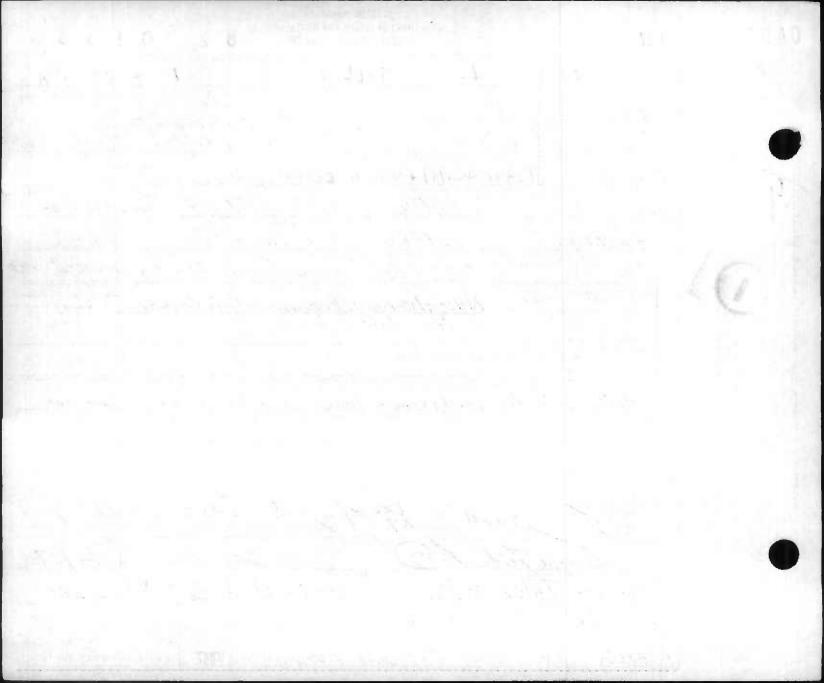
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040	307 JAN	-b	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 7	. NO. 0	1 6	8 3
e	poge 3		CEASED NAME PIRST PARL	4. RACE	TAL'LEY 15. DATE OF BIRTH	6. AGE (IN YEARS LAS)	1 4	87	2b. HOUR 9 A M IF UNDER 24 HR5
6 e e	ector.	۵	M	B	Mary 2 38	48	YRS.	ONTHS DAYS	HOURS MIN.
	201		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CIT	OR COUNTY O	CET	/ MD.
	100	10. C	OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUP	PATION OST OF WORKING LIFE)		OF BUSINESS OR
C) C OND	and and a		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		130.STREET ADDRES	SS / ZIP/EQDE	wood	AUE.
MARYL	Applement of the state of the s	14 F/	TRANK	MIDDLE TALL	15. MOTHER'S MAIDEN NA.	ine MIDDI		Join	E5
IMORE	N		VAS DECEASED EVER IN U.S. AR YES, NO OF UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	384 Sophia To		OU8 D	ENWE	ood Au
T. BALT	V		PART I. DE ATH WAS CAUSE	nly one cause per line (ar (a), (b), ar ED 8Y: TE CAUSE (a)	aryneel Squame	ous Cell C	ancer	1	MATE INTERVAL ONSET AND DEATH
SNOTS	rending e corbo on, or n		Canditians, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF		200		
W. PRE	by the of		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF				
RDS, 20	n signed Then ple r to buria injury, or	NO	PART 2 OTHER SIGNIFICANT	conditions contributing to	DEATH BUT NOT RELATED TO THE TERM	101	VBSU/a	-	CASE.
DIVISION OF VITAL RECORDS,	has bee it permit iene pria	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	
SION OF VIT	certificate original vision or certificate original transit vental Hygie original shapes original orig		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF	INJURY IN ITEM TS PAR	RT I OR PART 2)	13
NOISINI	this this and wand will work with the burner of the burner	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) 216 LOCATION STREET	CITYO	PRIOWN	COUNTY	STATE
D SON	partal or for use of Healt		saw the deceased alive ar	ital) attended the deceased fram.	7, and that in (pg) (aur) apinian	death occurred on the	e date and hour	,	that (V (we) last couses stated
			22b. SIGNATURE	Talu Mike		MEDICAL S	STAFF YSICIAN [1/4	1/87
CH	o FUNERAL hould be detroit the State		GEOVEE TO	aler, M.D.	127e. ADDRESS 600 2761	HSt. B	H. My	1.21:	230

231 NAME OF CEMETERY OR CREMATORY

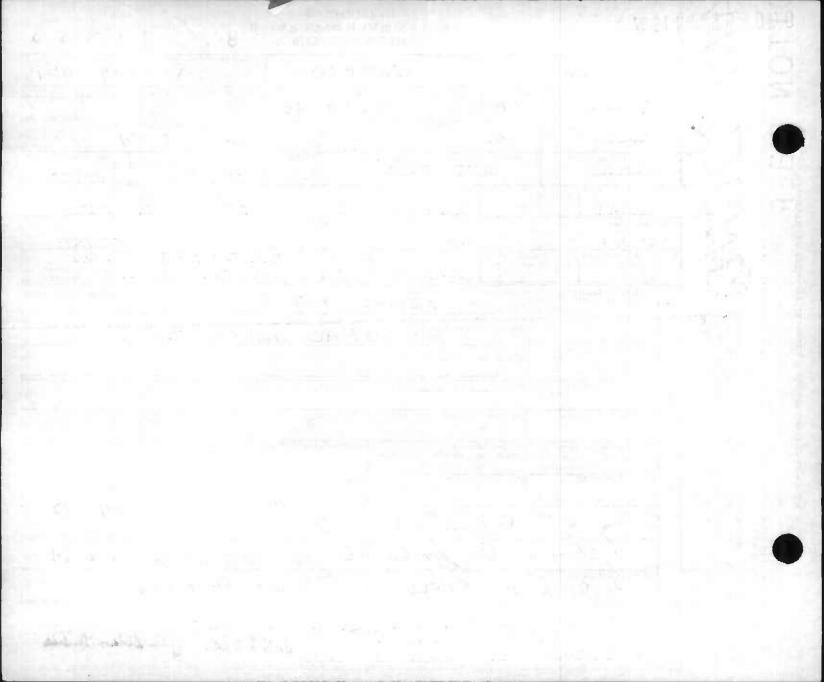
Julia Devideon Randales

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARY	LAND
T OF HEALTH AND ERTIFICATE OF	DEATH

040855 JA		FORT STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 REG. N	o. 0	1 6	8 5
y be oge 3 death		CEASED NAME FIRST RAY		MIDDLE		M PICO	20 DATE OF DEATH	MONTH DAY	87	715 PM
Poge 4 may director, pog nours after de	3. SE	EMALE	1 RACE CAL		5. DATE C	- 2 ⁰ 1 - 9 ⁰ 6	6 AGE (IN YEARS LAST BIR	YRS.	IIHS DAYS	IF UNDER 24 HRS HOURS MIN.
deoth. Po		MARY LAND	USA	WHAT COUNTRY?	WIDOWE		BALT.	CITA	1	MD.
hours offer d in by the f be filed with		BALTIMORE	(IF NOT INST	naty hospi	PAL	r other institution	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUSEWI)	F WORKING LIFE)	INDUSTRY	BUSINESS OR HOME
in 24 hou should be must be	13e.	AL RESIDENCE (IE NURSING HOME O STATE 13b. COU MARYLAND	OTHER INSTITUTION	13c. CITY OR TOWN	4	YES X NO	13e STREET ADDRESS 5534 NOM		#212	15
MARYLA MARYLA ed within pletely and 2 sh		ATHER'S NAME FIRST CHARLES	MIDDLE	FELDMAN		15. MOTHER'S MAIDEN NA FIRST TILL]	MIDDLE		ASEROV	ITZ
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours cote be executed within 24 hours and 2 should be fill the medical equines housebear		NO	/E WAR OR DATES)	220-05-1	400	17 INFORMANT MI 6350 RED CI	RS. SYLVIAPRI	FOX A BALTO.	PT. 40 , MD	2 21209
W. PRESTON ST., BALTIN the deoth certificate be y the ottending ph. can se remove carbon pre- cremation, or removal		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, O		OC A	C ARRE		٥٨.	APPROXIM BETWEEN ON	ATE INTERVAL USET AND DEATH
TAL RECORDS, 201 The low requires th isran. The hos been signed I asit permit. Then plea griene prior to burial shows ony injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICANT		ONTRIBUTING TO D		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [VERE FINDING	GS USED OF DEATH? NO
DIVISION OF VI L DR ATTENDING PHYSICIAN. the hospitol or ottending phys L DIRECTOR: After this certifica toched for use as the burial-tro- toched for use as the burial-tro- e Dept. of Health and Mental Hy e Dept. of Health and Mental Hy if them 21 is marked or frem 18	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHITE AT WORK NOT WHITE AT WORK 22a. I certify that (1) this hosp sow the decease that we obove (1) well did did not 22b. SIGN A	HOUR A P. 21e. PLACE (AT HOME, ST	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FA	19 (RM, ETC.)	216. HOW INJURY OCCURE 216. LOCATION STREET 19 d that in (my)our) opinion DEGREE ATTENDING	to	, 19, ofte and hour or	COUNTY 80	IGNED
TO HOSPITAL TO FUNERAL Should be det with the Store		22d PHYSICIAN'S NAME (TYPE) PATRICIA BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE JAN. 4,	1987 OH	AME OF C	PHYSICIAN [270 ADDRESS SUA EMETERY OR CREMATORY LKOV-BETH ISRA	1 Has Pi	TAL	OUNTY MARY	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	uneral director SOL 6010 REISTERST		BÂLTO.		21215	TRICES BY STETRAR	A TECHNY	R BIGHT	REALE



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executed within 24 haurs after death. Page 4

STATE OF MARYLAND 63

DEPARTMENT	OF	HEAL	TH	AND	MENTAL	HYGIENE
CE	RTI	FICA	TE	OF	DEATH	

REG. N	10. O	- 1	6	8	1
E DEATH	MONTH	DAY	YEAR	26 HO	LID

1-	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	8 REG. NO.	1681
	CEASED NAME GALL	BONNIE	TARANOW-	AKER L	13 87 122C
	EMALE CO	4 RACE WHITE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
Ni	IRTHPLACE (STATE OR FOREIGN COUNTRY). EW YORK	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED KI NEVER MARRIED L	BALTIMORE C	CITY
В	ALTIMORE	UNIVERSITY		120. USUAL OCCUPATION OF SALES	BUILDERS INC
13n S	ARYLAND DE COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 4 ZIP CO	#21209
	MORRIS	TARANOW	15 MOTHER'S MAIDEN N	MIDDLE RIE	EFLER LAST
No.	0	094-32-5	5710 35 PENNY	MARTIN YAKERSS LA. BALTO, MD	21209
	PARTI. DEATH WAS CAUSE		LATORY ARRE	ST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	IMMEDIAT		ATE MERANON	A-	
NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, ORAS A CONSEQUENCE (c) TO SECURITION OF THE CONSEQUENCE (c) TO SECURITIES (C) TO SECURITION OF THE CONSEQUENCE (c)	JENCE OF METANON JENCE OF METANON JENCE OF METANON DEATH BUT NOT RELATED TO THE TER		GIVEN IN PART 1/0
TIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, ORAS A CONSEQUENCE OF THE TOTAL CONTRIBUTING TO	PAILURE.	RMINAL DISEASE OR CONDITION	GIVEN IN PART 110. YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
CAL CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR S A CONSEQUE (b) METAST DUE TO, OR S A CONSEQUE (c) DEATA TO ONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 1196. THE OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED 21c. HOW INJURY OCCU	RMINAL DISEASE OR CONDITION 200 AUTOPSY? 200 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	DUE TO, OR S A CONSEQUE (b) METAST DUE TO, OR S A CONSEQUE (c) DEATA TO ONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 1196. THE OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION	RMINAL DISEASE OR CONDITION 200 AUTOPSY? YES \(\begin{array}{ccc} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSO FOR DEA (IF EITHER, NOTHY MEDICAL EXAMINER LITTURE) 21d. INJURY OCCURRED WHIE OTWINE AT WORK AT WORK (IF EITHER AND CONTRIBUTION) 11 CENTRE AND CONTRIBUTION (IT WAS AND CONTRIBUTION) 12 CENTRE AND CONTRIBUTION (IT WAS AND CONTRIBUTION) 13 CENTRE AND CONTRIBUTION (IT WAS AND CONTRIBUTION) 14 CONTRIBUTION (IT WAS AND CONTRIBUTION) 15 CENTRE AND CONTRIBUTION (IT WAS AND CONTRIBUTION) 16 CONTRIBUTION (IT WAS AND CONTRIBUTION) 17 CONTRIBUTION (IT WAS AND CONTRIBUTION) 18 CONTRIBUTION (IT WAS AND CONTRIBUTION) 19 CONTRIBUTION (IT WAS AND CONTRIBUTION) 21 CONTRIBUTION (IT WAS AND CONTRIBUTION) 22 CONTRIBUTION (IT WAS AND CONTRIBUTION) 23 CONTRIBUTION (IT WAS AND CONTRIBUTION) 24 CONTRIBUTION (IT WAS AND CONTRIBUTION) 25 CONTRIBUTION (IT WAS AND CONTRIBUTION) 26 CONTRIBUTION (IT WAS AND CONTRIBUTION) 27 CONTRIBUTION (IT WAS AND CONTRIBUTION) 27 CONTRIBUTION (IT WAS AND CONTRIBUTION) 28 CONTRIBUTION (IT WAS AND CONTRIBUTION) 29 CONTRIBUTION (IT WAS AND CONTRIBUTION) 20 CONTRIBUTION (IT WAS AND CONTRIBUTION) 20 CONTRIBUTION (IT WAS AND CONTRIBUTION) 27 CONTRIBUTION (IT WAS AND CONTRIBUTION) 28 CONTRIBUTION (IT WAS AND CONTRIBUTION) 29 CONTRIBUTION (IT WAS AND CONTRIBUTION) 20 CONTRIBUTION (IT WAS AND CONTRI	DUE TO, OR S A CONSEQUE (b) POSS A CONSEQUE (c) POSS A CONSEQUE (c) POSS A CONSEQUE (d) P	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED DAY YEAR 19 216. HOW INJURY OCCU. STREET 19 211. LOCATION STREET	200 AUTOPSY? 200 IF IN CEI YES NO STREED (ENTER NATURE OF INJURY IN STEM	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 1 1B PART LOR PART 2) COUNTY STATE TO THE PART 1 (We) 1
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSO DELETED ALSO DELETED ALTWORK ON THE CONTRIBUTION OF CO	DUE TO, OR S A CONSEQUE (b) DUE TO, OR S A CONSEQUE (c) IPPLICATION FOR WHICH THE HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 101) ottended the deceded from 19— The body ofter death.	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED 21c. HOW INJURY OCCU. 21f. HOW INJURY OCCU. 21f. LOCATION STREET 7, and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	RMINAL DISEASE OR CONDITION OF THE PROPERTY OF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 1 1B PART LOR PART 2) COUNTY STATE TOUR PART 1, 19
MEDICAL	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO 190 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK (this hospit child and the condition of the data and allier of the data and all all all all all all all all all al	DUE TO, OR S A CONSEQUENCE OF THE PRINT THE BODY OF TH	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED 21c. HOW INJURY OCCU. 21f. HOW INJURY OCCU. 21f. LOCATION STREET 7. ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	RMINAL DISEASE OR CONDITION OF THE PROPERTY OF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 1 18 PART LOR PART 2) COUNTY STATE COUNTY STATE 19 that (It (we) It hour and from the couses stated)

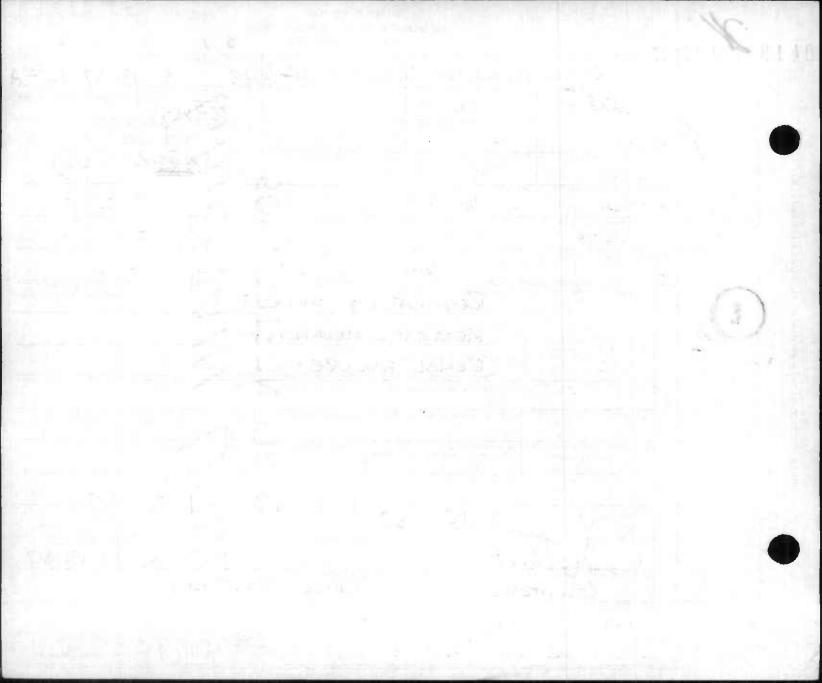
DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remail with the State Dept. of Health and Mental Hygiene prior to burial, crematin

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that, the TO FUNERAL DIRECTOR: After this certificate hos been signed by the

retained by the hospital or attending physician.

BP.



04

tificate be executed within 24 hours ofter

PHYSICIAN: The

ATTENDING

TO HOSPITAL

BP.

ely filled in by the funeral director, page 3 2 shall the filed—ithin 72 hours ofter death

physicion

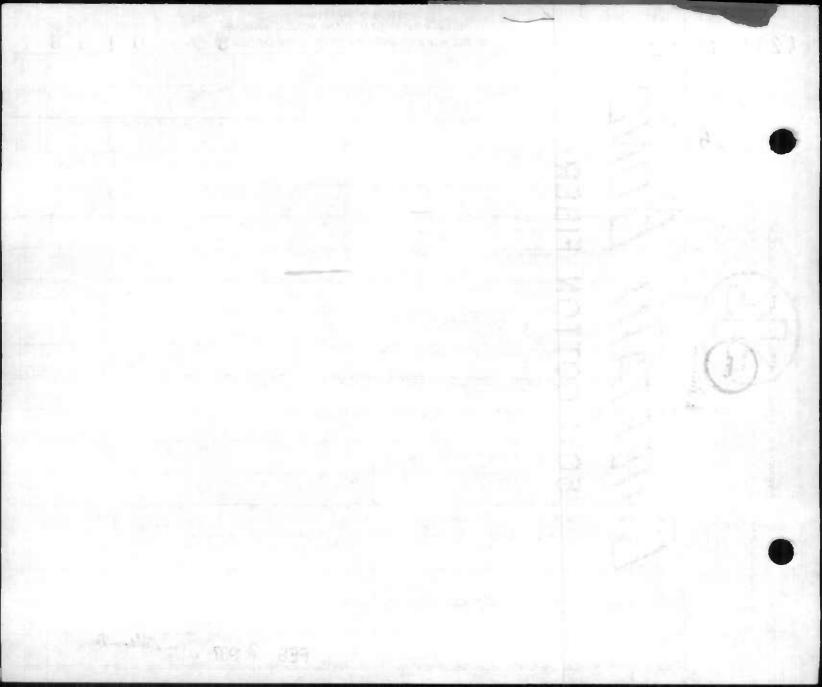
STATE OF MARYLAND

MAN	FOR STATE REGISTRAR			DEPA		HEALTH AND MEN		IENE 8 REE NO	0	1 6	8	8
	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH MONT	H DAY	YEAR	2b HOU	R
		Elmer		E.	Ta	arun, Sr.		Ja	n. 9.1	987		Å
3. SE	X	4.	RACE		5. DATE (YEAR	6 AGE (IN YEARS LAST BIRTHDAY		ER 1 YEAR	HOURS	24 HR5
	Male		White		1	17	13	73	YRS	DATS	HOURS	MIN.
7a. BI	RTHPLACE (STATE OR I	FOREIGN 76	CITIZEN OF	WHAT COUNT	RY? 8	NEVER MAR	DIED [9 BALTIMORE CITY OR CO		ATH		
	Md.		II. S.	Δ.	WIDOW			Baltimore	City			MD
10 C	ITY OR TOWN OF DEA	ATH 1			RSING HOME	OR OTHER INSTITU		12a USUAL OCCUPATION	12b.		F BUSINE	
	Balto.	/		dom Rd.				Truck Driver-		house	10	
	AL RESIDENCE (IF NURS	ING HOME OR O	HER INSTITUTION	GIVE RESIDENCE B	EFORE ADMISSION)	A			Do		, Md	
10. 3	Md.	13b COUNT	Y	Balto		YES XXX NO		13. STREET ADDRESS / ZIP 411 Random Rd	CODE	1229		
14 F/	ATHER'S NAME			Dark		15 MOTHER'S MA			• 17 =	122)		
	FIRST	MI	DDLE	LAST		FIRST		WIGDLE		Klu		
16a \	Louis VAS DECEASED EVER	IN II S ARMI	ED FORCES?	16b SOCIALS	run	17 INFORMANT	abeth	Random Radoress	Dalta			
	YES, NO OR UNKNOWN)	(IF YES, GIVE V					,					
_		lv.)	P15-09-		Mrs.Bess	1е ь.	Tarun	#2122			
	18 CAUSE OF DEAT PART I. DEATH W	H Enter only	one couse per BY:		- 1 -		00 0	1 0			MATE INTER	DEATH
		IMMEDIATE		Can	iner	a 9 1	yero	phagus		6 m	non	N
	Maria I		DUE TO, O	R AS A CONSE		0			13.16			
	Conditions, if ony,	which	(b)_	An	asan	er						
	gove rise to imr	g the	DUE TO, O	R AS A CONSE	QUENCE OF							
	underlying couse	lost.	(c)_	Pen	pheno	e Vas	enle	ar disca	re.			
118	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR CONDITIO	N GIVEN IN	PART 1 o		
NO.	Dys	phe	gra	wi	h P	nemen	va					
CAT	190 DATE OF OPERA		196. COND			N WAS PERFORME	- 40	EIN!	IF YES, WERE	FINDIN	GS USED	H2
CERTIFIC	12-6.	86	Ca	reine	na g	ocons	wagn	YES NO	YES 🗌	LAUSES	NO [
CE	210 ACCIDENT WAS UNI		21b. TIME C	F INJURY M. MONTH	DAY YEAR	21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM TB PART (OR	PART 23		
CAL	OR CONTRIBUTING (IF EITHER NOTIFY MEDI			M.	19	_		-				
EDIC	214 INJURY OCCUR		21e PLACE			211. LOCATION		CITY OR TOWN	CC	UNIY	CT	TATE
Σ	AT WORK AT WO	GLE D	(AT HOME ST	REET, FACTORY, OFF	FICE, FARM ETC)	SIREET		- CITORIOWA		0,411	31	A16
	220 I certify that (I)) ottendæd.th	e_deceased fro	om. 7/	20/26	0	10 117/	19.8	7	hot (I) (w	ve) lost
	sow the deceose	ed olive on	1211	SIX	1 1	nd that in (my) (our) opinion o	death occurred on the date or	nd hour ond f			
	obove, (1) (we) (c	did) (did not	view the body	ofter death.	_	DEGREE N	D.		120	C DATE S	SIGNED	
	41	HAME	Word			ATTE	NDING	MEDICAL STAFF		10	1/5	17
	22d. PHYSICIAN'S N	AAF (IVE OF F	PINITA			22e ADDRESS	SICIAN	DIRECTOR PHYSICIAN	<u> </u>	-	10	
100	L	DA	aver	7		245	5.	WI Cen 15	THE	2	2/2	27
	_ ^	, UV				3.00		1				
	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREA	MATORY	23d LOCATION CITY OR TOWN	COUN	Υ	51	TATE
24.5	Burial		Jan.12		Loudon	Pk.Cem.	Inc. o	Balto.			Md.	
1	UNERAL DIRECTOR	Setter		3512 ACORE	ss FICOE	RICK AL	PA DATE	E REC'D. BY REGISTRAR 25b. R	EGISTRAR'S		JRE	
N	. Chuman	JOHN	(I)	# 1	1229		IJAN	14 100/ 1	-			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then plea with the State Dept. of Health and Mental Hygiene prior to buriol certified MPORTANT: If them 21 is marked or them 18 shows any injury, or other

	CEASED NAM			MIDDLE AND MIDDLE		LAST	TE OF DE	20 DATE KNOWN		DAY YEAR 75 HOU
(1)	PE OR PRINT)	John			r	Taylor		OF ESTI- DEATH MATED	0 1/	28/19 87
3 SE	x Le	A RACE Black	5. DATE OF BIRTH	1925 6. AGE (1	NYEARS IF UN	DER 1 YR. IF U	NDER 24 HRS.	2c DATE PRONOUNCED DEAD	MONTH 1	28/19 87 A
70 E	IRTHPLACE OF THE PREIGN COUNTRY	STATE OR	76. CITIZEN OF WH		I e	IED X NEVER	MARRIED []	Baltimore City		
10 (ITY OR TOWN	imore	II. NAME OF HOSI (IF NOT IN SUCH FACE Univers:	PITAL, NURSING HO CRITY, GIVE STREET ADDRE LLY HOSPI	ome, or oth		1 120 US	UAL OCCUPATION (1 MOST OF WORKING LIFE)		26 KIND OF BUSINESS OR INDUSTRY
179	TATE,	Mass. Cour	OR OTHER INSTITUTION, GIV NTY	13 CITY OR TOW	N	+	0 0 90 M	REETADDRESS (t. Pleasant	Avenue	02119
J. F	hn First	NE .	MIDDLE	Taÿlor		15 MOTHER'S Eula		MIDDLE		LAST
No.	WAS DECEAS	ED EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)	219-10-		GINFORMAN GLILOU	Taylo	ADDRES		e.
	Canditi gave cause (lying co	DEATH WAS CAUSE IMMEDIA ons, if any, which rise to immediate a) stating the under use last.	DUE TO, OR (b) DUE TO, OR (c)	terioscle as a consequen as a consequen	rotic CE OF	Cardiova	scular	Disease		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 2 OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVE	N IN PART 1 to			
FICATION		FOPERATION		IUT NOT RELATED TO THE						20 AUTOPSY?
AL CERTIFICATION	190. DATE C	F OPERATION IAL CAUSE WAS G	21b. TIME OF HOUR A.M.	ION FOR WHICH O	PERATION W	/AS PERFORMED	?	NATURE OF INJURY IN ITEM I	18 PART I OR PAR	YES 🗆 NO 🖔
MEDICAL CERTIFICATION	21a EXTERNUNDERLYIN CONTRIBUT	F OPERATION IAL CAUSE WAS G OR ING CAUSE OF OCCURRED	196 CONDIT	ION FOR WHICH O	PERATION W	/AS PERFORMED	?	NATURE OF INJURY IN ITEM I CITY OR TOWN	18 PART I OR PARI	YES NO X
	21a EXTERN UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK 22a I cer death resu	FOPERATION IAL CAUSE WAS G OR ING CAUSE OF OCCURRED NOT WHILE AT WORK It that I took char Ited from: Note	21b. TIME OF HOUR A.M. DEATH P.M. 21e. PLACE C STREET, FACTO	INJURY MONTH DAY Y 19 OF INJURY (AT HOME ORY, FARM, ETC.) cribed above, held a	PERATION W EAR 21c. H E. 21f LC In Autop Suicide	OW INJURY OCC	PARTIEN	Inquiry , otermined manner DICAL EXAMINER		YES NO NO NO NITY STATE
MEDICAL	21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 22a I cer death resu ACTUAL SIGNATURE EXAMINER' (TYPE OR PR	FOPERATION IAL CAUSE WAS G OR ING CAUSE OF OCCURRED NOT WHILE AT WORK It that I took char Ited from: Note	21b. TIME OF HOUR A.M. DEATH P.M. 21e PLACE C STREET, FACTO ge of the remains desc	INJURY MONTH DAY Y 19 OF INJURY (AT HOMO DRY, FARM, ETC.) Arcident	PERATION W EAR 21c. H E. 21f LC In Autop Suicide	OW INJURY OCCURRENT OCATION STREET Ins. Hamicide TITLE (SPECI	PACTION X. Dection X. Under TANT LANT MED	Inquiry , o	and in my api	YES NO NO NO NITY STATE



may be

STATE OF MARYLAND

3	REG. NO.	0	6

17	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	IENE 8 REGINO	0 1	690
	CEASED NAME FIRST	MIDD	DLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
,,,,,	ЈОН	N	TA	YLOR	01-09-87		N
3. SE	X	4. RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS	LYEAR IF UNDER 24 HRS
	MALE	BLACK		04-12-1897	89	YRS	DATS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY? 8.	RRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEA	ATH
100	OUTH CAROLINA	USA		OWED DIVORCED	BALTIMORE	CITY	MD
10. €	ITY OR TOWN OF DEATH			ME OR OTHER INSTITUTION	120. USUAL OCCUPATIO		IND OF BUSINESS OR
B	ALTIMORE		UTII SHARP		(TYPE OF WORK FOR MOST OF SELF EMPLOY		NSTRUCTION
USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS	ION)		5)	10 20
	ARYLAND 136-60		BALTIMORE	YES X NO	811 SOUTH		REET
	ATHER'S NAME		DALITIONE	15 MOTHER'S MAIDEN NA		ommer or	KDDI
	JOHN	MIDDLE	T OR	JULIA	WIDDLE		LAST ?
16a. \	WAS DECEASED EVER IN U.S.		SOCIAL SECURITY N		ADDRES	S	•
((YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	41-14-2167	GENEVA TAYL	DR 811 SOT	TH SHARP	STREET
\vdash	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU			GENEVA INTE	OK OII SOC		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	DUE TO, OR A			INAL DISEASE OR COND	ITION GIVEN IN P.	
FF	DATE OF OFERATION	770. CONDING	, rok when di Ek	THO TEN OWNED	YES NO		AUSES OF DEATH?
MEDICAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. NER) P.M.	MONTH DAY YE	198			
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET.	INJURY FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY OF TOW	vN COU	NTY STATE
	220.1 certify that (I) (this ha			, 19	, to	, 19	, that (I) (we) lost
	sow the deceased alive above, (I) (we) (did) (did	on_ not) view the body off	er death.	_, and that in (my) (our) apinion	death occurred on the dat	ie ond hour ond fro	om the couses stated
	226 SIGNATURE HERE	a no real	Aser	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFI		1/13/87
	MONAMMA)	ASKVA		22e ADDRESS			
	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME	OF CEMETERY OR CREMATORY	23d LOCATION	COMPA	V 57.49E
	BURIAL	01-15-8	7 BLAC	KROCK CEMETERY	CHESTER,	SOUTH	
24 F	UNERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR 2	SE RESISTEMES	IGNATURE

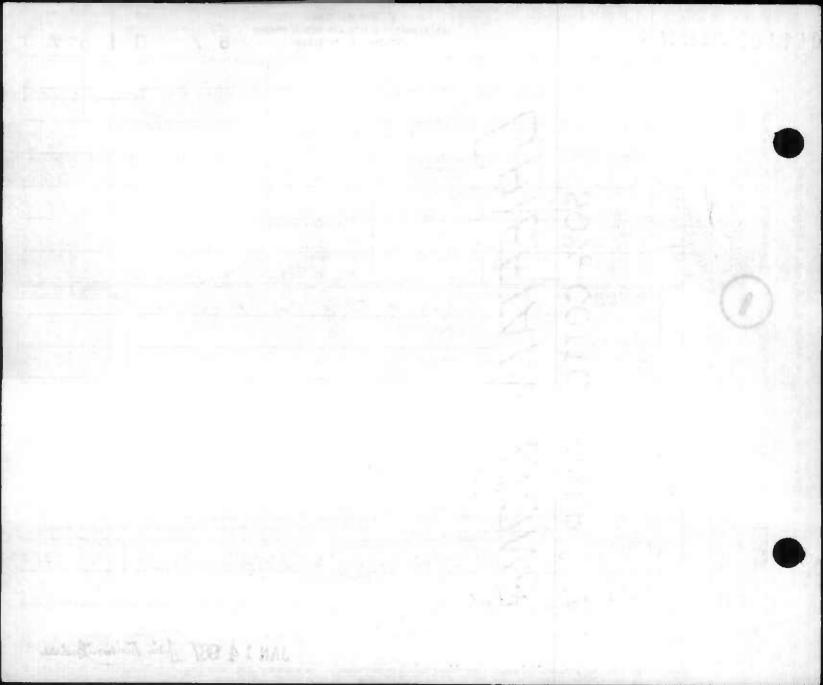
DHMH - 16 60M 7/84 (VRA 15, 4)

BP

BROWN/THOMPSON F.H.

1913 W. BALTIMORE STREET

JAN 14 198/



0468 JAN 12	STATE	AR		DEP		ICATE OF DEA		8 REO.	10.	0 1	691
	. DECEASED N (TYPE OR PRINT)	AME MAI	RY	WIDDLE		YLOR		DATE OF DEATH		1.987	76 HOUR A 11:45 M
1 25	SEX		4 RACE		5. DATE O			. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
11	F		B		8 MONTH	29	10	76	YRS	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) VA 10 CITY OR TOWN OF DEATH BALTIMORE			76 CITIZEN OF	WHAT COUN	MARRIE	D NEVER MAR	RIED 7	BALTI	OR COUNT	CITY	MD.
					URSING HOME OF THE HOME OF THE LADDRESS IN S	HOSPIT	CAL	20 USUAL OCCUPA	OF WORKING	126 KIND O INDUSTRY	F BUSINESS OR
	MUAL RESIDER	NCE (IF NURSING HOME (TIG CITY OR		13d. INSIDE CITY I	LIMITS?	3. STREET ADDRESS 3120 E. F	ZIP COU RDERA	E STREET	21213
1	4 FATHER'S N			1.00		15 MOTHER'S MA					
	ISAAC	51	MIDDLE	LAS		GRACE FIRST	1	LEE		JACI	SON
8 1		ASED EVER IN U.S. A		166 SOCIAL	SECURITY NO.	17 INFORMANT		ADD	RESS		
1/	NO ORU	NKNOWN) (IF YES, C	GIVE WAR OR DATES)	UNK		JOHN W	TAYLO	R 3120 E.	FEDE	RAL ST	21213
or to burior, Cremation, dr. r rigiury, or other troumotic	gave ri couse underly:	OTHER SIGNIFICANT HTMAL -	DUE TO, CO.	Cerebi DRASACONS CEME CONTRIBUTION	SEQUENCE OF ATO VASC		THE TERMIN	IAL DISEASE OR COI		1.76.7	
ene pris	0	OF OPERATION	196 CONE	OITION FOR W	HICH OPERATIO	N WAS PERFORME	ED	YES NO	IN CERT	ES, WERE FINDIN IFYING CAUSES YES []	
	OR CONTR	BUTING CAUSE OF D. NOTIFY MEDICAL EXAMIN	IER) P	.M. MONTH	H DAY YEAR		RY OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM 18	PART (OR PART 2)	
marked or	WHILE AT WORK	RY OCCURRED NOT WHILE AT WORK		OF INJURY TREET, FACTORY, O	FFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR T	OWN	YIMUO)	STATE
of for use it, of Healt m 21 is me	saw	ify that (1) this has the deceased alive of e (1) we) fold (did i	1/6		19.834, a		r) opinion de	ath accurred an the	date and ho	our and from the	
NT: If the	27b. SIGN	mestople	QUB.	Regno	tan	PHY:		MEDICAL STA		22c. DATE	187
with the State [MPORTANT: If		ICIAN'S NAME (TYPE CISTOPHERZ	,	Legg	ett MD	120 ADDRESS	WOLF	somet	Bal	timore,	md.
, ,	BURTA	EMATION, REMOVA	1/9/8°	7		EMETERY OR CREA		OWTING SWIN	ILLS	COUNTY	SIMD.

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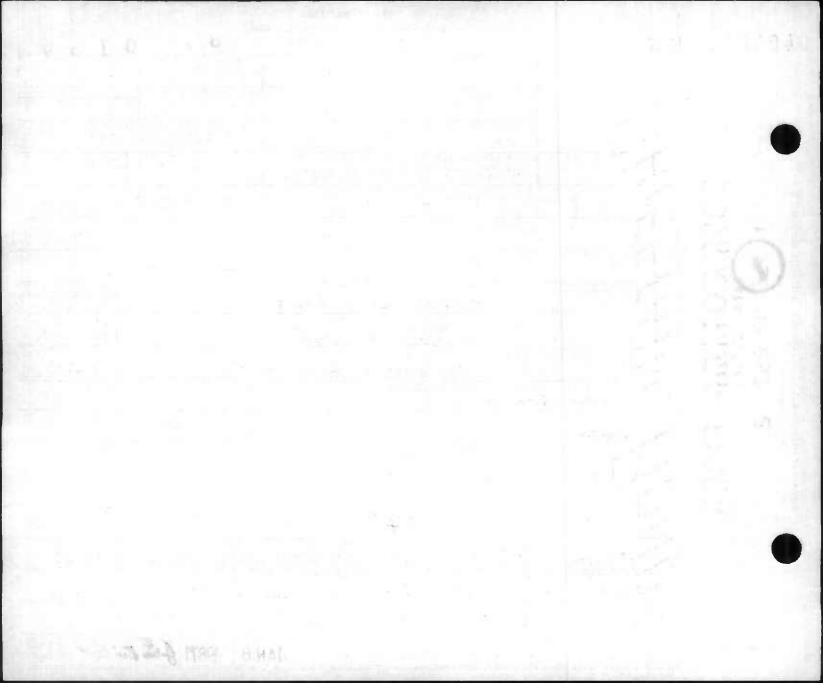
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

ADDRESS NORTH AVENUE FUNERAL HOME 1101

250. DATE REC'D. BY REGISTRAR 250 REST TRAR'S SIGNATURE

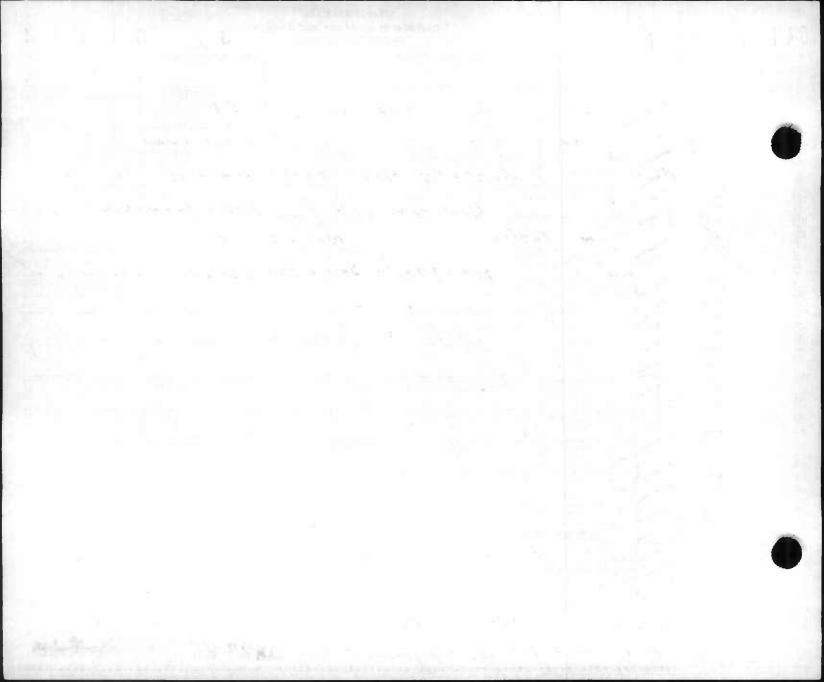
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STATE OF MARYLAND

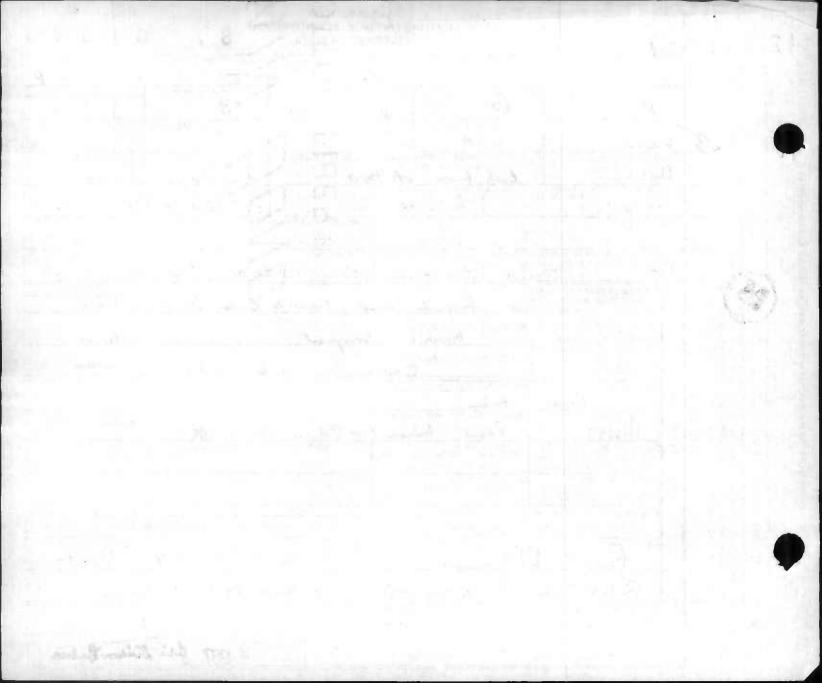
)	-7	0	1	6	0	3"
)	REG. NO.	O	-	0	1	45

041813 JAN :	g	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 / O	1692
noy be page 3 r death		CEASED NAME FIRST E OR PRINT) M/ L	DRED	TAYLOR	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 87 11:30 PM
ge 4 mo) ctar, po	3. SE	X FEMALE	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 2 2 2 8	6 AGE (IN YEARS LAST BIRTHDAY) YRS	FUNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Geoth. P		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	BARTIMORE	
ns offer of the file with the	13	NEY'IMENE	(IF NO PAN SUCH FACILITY, GIVE	is with the NAME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY,
AND 213	13a.	AL RESIDENCE (IF NURSING HOME OR STATE	NTY 13c. CITY OR	TOWN 13d INSIDE CITY LIMITS? YES YES NO	130 STREET ADDRESS / ZIP CODE 1612 W FRAISK	2125+ 21233
MARYL ed with	14. F.	ATHER'S NAME	alg/ma LAS	15 MOTHER'S MAIDEN N		LAST
BALTIMORE,		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN)	MED FORCES? 166 SOCIAL VE WAR OR DATES) 218-29	SECURITY NO. 17 INFORMANT	ADDRESS VMDENSIGIZ W	FRANKLIN
ST., g physon pounds remo	1	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY: TE CAUSE (o) DUE TO, OR AS A CONS	die pulmany	arest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W PRESTON es that the death or red by the ottendin please remove cart unal, cremption, or , an other fraumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONS		Cell Cancer	of the ding
he law requir on. has been sign permit. Then ene prior to b	CERTIFICATION	190 DATE OF OPERATION		HICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\begin{array}{cccccccccccccccccccccccccccccccccccc
DIVISION OF VITAL NG PHYSICIAN: The ottending physician free this certificate has the burial-transit prond Mental Hygien and Mental Hygien arked or Item 18 show	55	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
NG PHYS offen this of the buth and Med or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE FARM, ETC.) 211 LOCATION STREET	CITY ÖR TOWN	COUNTY STATE
ATTENDI spitol ar CTOR A for use of Heal			1211	.19 7, and that in (my) (****) opinio	n death occurred on the date and how	
ITAL OR A by the ha RAL DIRE e detached state Dept	1	22h. SIGNATURE / CORLER /	P. Cruz	DEGREE M D ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1-26-87
TO HOSPIT. From Hospit. TO FUNER. Should be downth the Stome MAPORTAN	0.5	Rosita R.	CR4Z	LIBERT	/	CENTER
BP	1	BURIAL, CREMATION, REMOVAL (SPECIFY)	1/31/57	230 NAME OF CEMETERY OR CREMATORY	Callinguns	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	Wilder & M.	June 138 1,00	250 D	AN 27 1987	RARE SIGNATURA



8 REG	. NO.	0	1	6	7	3
ATE OF DEATH	MONTH	DAY	YEAR	2 b	HOUR	
		0 7	8-		Lin	-

042755 FEB		FOR - STATE - REGISTRAR	D		EALTH AND MENTAL	HYGIENE 8 7	10.	1 6	9 3
3 65		CEASED NAME FIRST PWCel	MIDDLE		lor	20. DATE OF DEATH	MONTH DA	0-	6:12 Pm.
and	1.58	m /	4 RACE B	S. DATE (6. AGE IN YEARS LAST B		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
0 1 3	1	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	MARRIE WIDOWI	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY C	F DEATH	MD.
To the state of th	1	LKn-	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		OR OTHER INSTITUTION	17a USUAL OCCUPA (TYPE OF WORK FOR MOST Self-emplo	OF WORKING LIFE)		ian
AND 212 n 24 hou n 24 hou n sould be demant be	1 13a. M	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUR aryland	NTY 13c CITY	OR JOWN TUMOTE	134. INSIDE CITY LIMITS YES NO	3513 Libe		s. Ave	. 21215
MARYL MA MARYL MA MARYL MA MARYL MA MARYL MARYL MARYL MARYL MARYL MARYL	1	ATHER'S NAME FIRST		ylor	15. MOTHER'S MAIDEN Rebecca	MIDDIE	135	John	son
TIMORE Copes		TES. NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	20-4063	Rebecca Pe	ndleton 3513			
		REPORT I. DEATH WAS CAUSE IMMEDIA	D BY	water as	rest , Follows	By Carbin B	rest	SETWEEN C	MATE INTERVAL DISET AND DEATH
ESTON of death of dea		Conditions, if any, which	DUE TO, OR AS A CO	NSEQUENCE OF	Dragment	/		home	•
1 W. PR by the conservation of, crema	1	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	NSEQUENCE OF	in Penl	Fisher Acido		Week	no cal
RDS, 20 m signed Then pic r to burn	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO THE T	ERMINALDISEASE OR CO	NDITION GIVEN	V IN PART 110	
AL RECO	CERTIFICAT	190 DATE OF OPERATION	196. CONDITION FOR	Filme	(for Dish sis	200 AUTOPSY?	IN CERTIFYI YES	L-J	OF DEATH?
SICIAN B Physical Color VIII	1000	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY OC	CURRED { ENTER NATURE OF IN.	URY IN ITEM TS PAR	I I OR PART 2)	
WISION WG PHYS attending the this so the box or head M.	MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY		211. LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
TTENDS TTENDS A SOLD TO SER A SOLD SER A SOL		220.1 certify that (1) (this hasping saw the deceased alive on above, (1) (we) (did) (did not be says)	1	19	nd that in (my) (our) opin	ion death occurred an the	date and hour		that (I) (we) lost causes stated
At OR A the hor At DREG	-	22b. SIGNATURE	DBon		DEGREE ATTENDIN PHYSICIAI		AFF X	22c. DATE:	SIGNED
Dined by to be to		RUSSELL	L D. Bro	un rel)	Loch R	Lown Blud	Balta	wie	
BP	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 2-2-87		emetery or cremato n Forest	RY 23d LOCATION	Mills,	COUNTY MO	ryland
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director iley Funeral Hor	me 1348 N. Cá	ilhoun St	. 21217 F	DATE REC'D. BY REGISTRA EB 2 1987	gulia De	AR'S SIGNATI	URE



040505 J

ST	ATF	OF	M A	DYI	AND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG.	NO.	0	-	6		9	
ATE OF	DEATH	MONTH	DAY	_	YEAR	21	HO	i

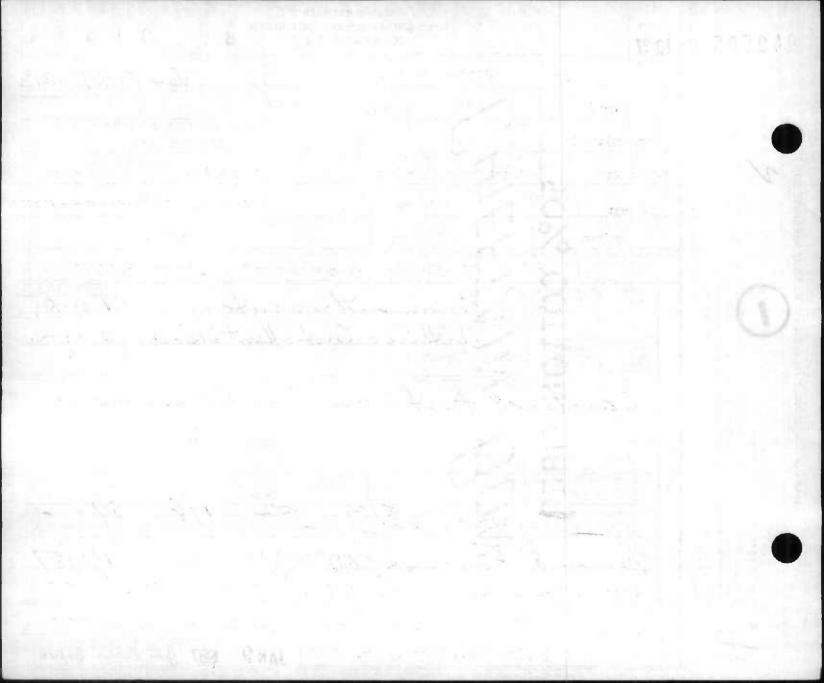
1 000	REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. NO.	1 0	
	ECEASED NAME	FIRST		IDDI E	Ĺ	AST	20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
		Idna	Lil	lian	Thom	nas		Jam :	5,1987	3:30 Pm
3 SE	× Female	4. RA		nite	S. DATE C	ember 27,189	6 AGE (INYEAR	92 YRS	MONTHS DAYS	HOURS MIN
1	IRTHPLACE (STATE ORF COUNTRY) Pennsylvan			S.A.	MARRIEI WIDOWE	D NEVER MARRIED D		imore Cit		MD.
	CITY OR TOWN OF DEA Baltimore	10	IF NOT IN SUCH	ospital, nursing facility, give street a reen Nur	DDRESS)	PROTHER INSTITUTION Home	12a USUAL OC (TYPE OF WORK FO Housew.	R MOST OF WORKING LI		e Business or aker
13a. S	JAL RESIDENCE (IF NURS STATE aryland	136 COUNTY		Baltimo	V	13d. INSIDE CITY LIMITS?	130 STREET ADD	oress / zip cobi	pring L	ane/2121
14. F/	ATHER'S NAME FIRST Andrew	MIDDLE		CuÎlen	son	15. MOTHER'S MAIDEN NA		UNKNOWN	LAST	
16a V	WAS DECEASED EVER	IN U.S. ARMED F		219-58-5		17 INFORMANT George Tham	as 106 W	. Barre S	St./2120	1
	Conditions, if ony, gove rise to imm couse (a), statin	which nediote	(b)	AS A CONSPONE	ion	claratic !	Ven+D	esease	2	y
IFICATION	gove rise to imm couse (a), statin underlying couse	which nediate g the lost	(b)(DUE TO, OR	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE O	PR CONDITION GIVE	S, WERE FINDIN	IGS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to imm couse (o), statin underlying couse PART 2. OTHER SIGN	which nediate g the lost VIFICANT COND FIGURE 1	(b) OUE TO, OR (c) OIT IONS GO (b) TIME OF HOUR A.M P.M (le, PLACE C	AS A CONSEQUE NTRIBUTING TO D ION FOR WHICH INJURY A. MONTH DA	NCE OF BATH BUT OPERATIO Y YEAR 19	osile	WINAL DISEASE O	Y? ZOB IF YE'	S, WERE FINDIN FYING CAUSES ES	IGS USED

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Walter Brooks Bradley Inc., Balto., Md. 21222

1987

250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE
JAN 9 1987 Julia Deviden Randous



certificate be executed within 24 hours ofter

deoth

requires that the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	1 0
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		REGISTRAR		CERTIFICATE O	F DEATH	O REG. NO.	0 1 0	7 -3
4		CEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	TITPE	I Saint		Thomas		01	15-87	820Pm
1	3. SEX	11111 = 1	RACE	5. DATE OF BIRTH	Y YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN
/	7 00	VOALE	SLACE	06 2	5 24	6a YR		
7	/a BIF	RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEV	ER MARRIED	9 BALTIMORE CITY OR COU	VITY OF DEATH	***
t	10 CF	TY OR TOWN OF BEATH	. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER		120 USUAL OCCUPATION		BUSINESS OR
	K	alt city 1	TIPLE SUCH FACILITY GIVE STREET	hey well	Ctz.	Sype of work for most of working D1 SABLE	INDUSTRY	
1	130.5	ARY LAND =	131 CITY OR TOW	PERE YES	NO 🗆	130 STREET, ADDRESS / ZIP CO	NAPRIC	FAVE.
	14. FA	THER'S NAME	DDLE (AST	IS. MOTH	ER'S MAIDEN NAM	WIDDIE	LAST	1/
2	+	TENRY VAS DECEASED EVER IN U.S. ARME	(Homin	5 (1	TNEY	ADDRESS	KHUS	HAW
		YES, NO OR UNKNOWN) IIF YES, GIVE W		1314 H	2ABETI	4 THomas	53081	ERNAM
١		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E	ane cause per line lar (a), (b), and	d (cv.)			APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
1		IMMEDIATE	\$0.03	Sis				
١			DUE TO, OR AS A CONSEQUE					
1	10	Conditions, if any, which gove rise to immediate	(p) Saw	grene.				
		couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF				
		PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO	DEATH BUT NOT BELA	TEO TO THE TERMS	NIAL DISEASE OF CONDITION	CIVEN IN BART 1:-	
	NO.	TAM 2 OTTER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO E	DEATH BOT NOT KEEP	TIED TO THE TERMI	IN AE DISEASE OR CONDITION	GIVEN IN PART 110	
)	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PE	RFORMED		YES, WERE FINDING RTIFYING CAUSES O YES	
)	CERI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		V INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM		
	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	AY YEAR				
	MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOC	ATION	CITY OF TOWN	COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK	The state of the s					
		22a.1 certify that (1) (Nis hospital		7-14	19.83			hat (It (we) last
		saw the deceased alive an obove, (I) (we)(did) (did nat) v			my) (bur) opinian d	death accurred an the date and		
		27b. SIGNATURE	-0-	DEGREE	ATTENDING	MEDICAL STAFF	22c. DATE S	SIGNED
-		22d. HIS ICIAN'S NAME ITYPE OR PI	RINT)	22e ADD	PHYSICIAN _	DIRECTOR PHYSICIARS	1	3 - 0 7
		7	onicus	F	Euri So	cot hey med	Den Ch	7.
	23a B	SURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF CEMETERY	OR CREMATORY	23d LOCATION	MAN -	STATE
	24 51	INISPALDIRECTOR	1-31-81 KI	NGS 1116	m. PK.	PARTIMIRE	MARY	(ANI)
	2	INERAL DIRECTOR	ELL 1913 ADDRESS /	Qutto.	IAI	REC'D. BY REGISTRAR 25b. REG	ACOUNT TO	JKE RADO.
	10	COUNTROLLY !	14. 1-112 M.	MILINIAC	OJI, UAI	4 - 0 1001	- No Ko	

DHMH - 16 60M 7/84

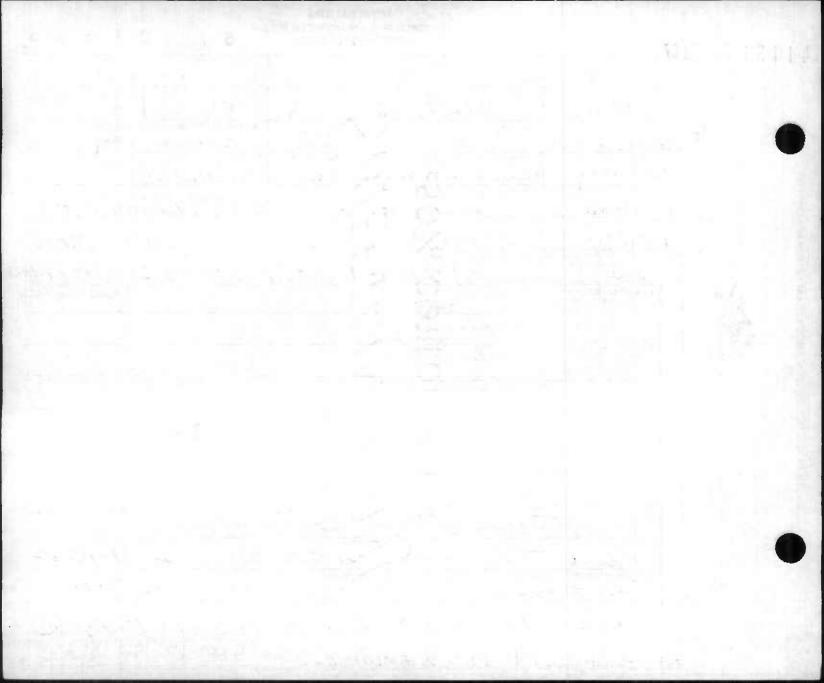
IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar other should be detoched for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, an TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.

FOR

rs after

(VRA 15, 4)

BP



	317
OR	DEPARTMENT OF
TATE	

STATE OF MARYLAND **HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH**

8	REG.	NO.	0	1	6	3	0
TE OF	DEATH	MONTH	DA	٧	YEAR	25 HOUR	

									REG. NO.				
		CEASED NAME	FIRST	1	MIDDLE	ı	AST	2a. DATE OF	DEATH MON	H DAY	YEAR	2b. HOUF	>
1	(I YPE	OR PRINT)	PETER		G.	тно	DMAS		JAN	26	187	7:15	AM
	3 SE)			RACE	0.	5. DATE C	A AM A AM	6 AGE (IN YE	ARS LAST BIRTHDAY) IF U	NDER 1 YEAR	IF UNDER 2	14 HRS
		Male		White		5-9-	-1903 YEAR	83		YRS	THS DATS	MOURS	MIN.
1	7a BII	RTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUN	TRY? 8.	NEVER MARRIED	9 BALTIMO	RE CITY <u>OR</u> CO	UNTY OF	DEATH		
		Greece		Greec		WIDOWE	D DIVORCED		TIMORE				MD.
7		BALTIMORE	J	JNION M	EMORIA	STREET ADDRESS) L HOSPIT	OR OTHER INSTITUTION		FOR MOST OF WOR		12b. KIND O INDUSTRY Ker	F BUSINES	3S OR
5		AL RESIDENCE (IF NURSI STATE Md.	13b. COUNT	THER INSTITUTION	13c. CITY OR Balt	TOWN	13d INSIDE CITY LIMITS?	13. STREET A	Moyer A	code.	21206		
5	14 FA	Gregory	ĸ.	IDDLE Th	omas	ī	Vasiliki	AME	MIDDLE	Unk	nown	ī	
		VAS DECEASED EVER YES, NO OR UNKNOWN)		NED FORCES?		SECURITY NO.	17 INFORMANT		ADDRESS				
		No			213-10	0-1635A	Mary Thomas	, Same a	as 13e				
		18 CAUSE OF DEATH	I Enter only	one couse per	line for (o), (b	o), and (c).)					BETWEEN C	MATE INTERV	EATH
		PART I. DEATH W.		BY: CAUSE (o)	CARNIC	· PULMO	VARY ARRES	T					
		Conditions, if any, gove rise to imm couse (a), stoting underlying cause	ediate	(b)	SEP:	SIS SEQUENCE OF ASTATIC	PROSTATE	CANO	EK				
	NO	PART 2. OTHER SIGN		ENAL F		TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITIO	N GIVEN	IN PART 140	1.	
2	CERTIFICATION	190 DATE OF OPERAT				HICH OPERATIO	N WAS PERFORMED	20a AUTO			ERE FINDIN G CAUSES		4?
7		21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCU		44	-	OR PART 2)		
	MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR		21e. PLACE		FFICE FARM, ETC)	211 LOCATION STREET		CITY OR TOWN		COUNTY	51	ATE
		22a 1 certify that (1)	This hospite	ottended th	e deceased fo	ram JAN	18 19 8			. 4 . 19_		that (I) (w	
		saw the decase obove, (I) we (id	dalive an_ id)(did nat)	JAN 2	ofter death.	19 <u>87</u> , or	nd that in (my) (our) pinion	n death accurre	d an the date o	nd havi on	d from the	causes stat	led
		226 SIGNATURE	ph t	. Bus	sette	, M.D	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	9	JAN	SIGNED 24,	87
		JOSE/ H	P. E	PRINT) 3 RISSET	TE		220 ADDRESS WION BALTIT	MEMURA PORE, 1	AL HOS	2121	8		
		BURIAL, CREMATION,	REMOVAL	23b. DATE		4	EMETERY OR CREMATORY	23d LOCA			DUNTY	4.7	ATF
		Burial		1-29	-87	Greek	Orthodox	Ba	Ito., M	ld.	201711	51	

DHMH - 16 60M 7/84

Leonard J. Ruck, Inc., 5305 Harford Rd. (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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			03585	
	bagainer and			
arrie .	ays, roger that		or Lan	.68
		19177-97		.d tropord
		there there .	R192-01-22	
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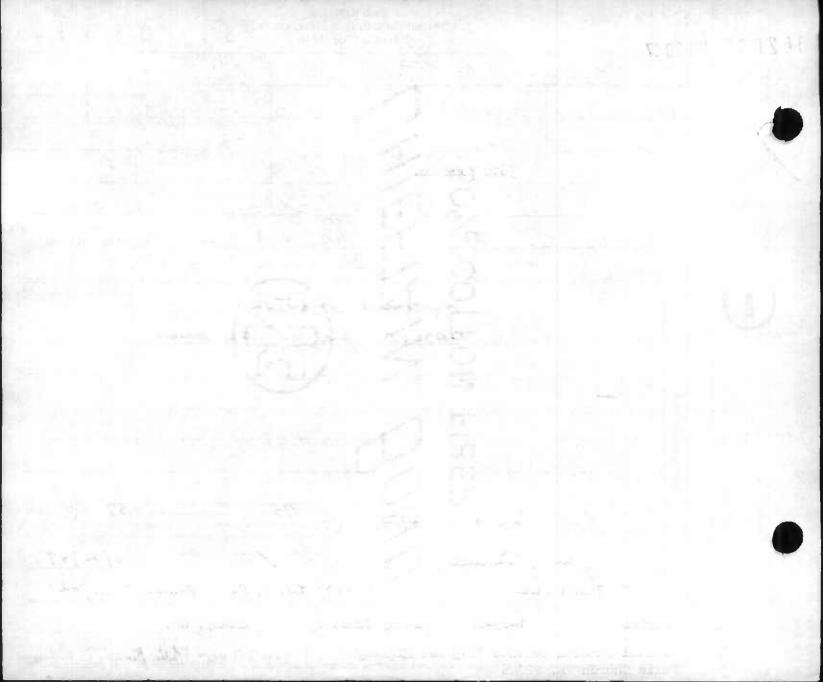
FOR

STATE OF MARYLAND

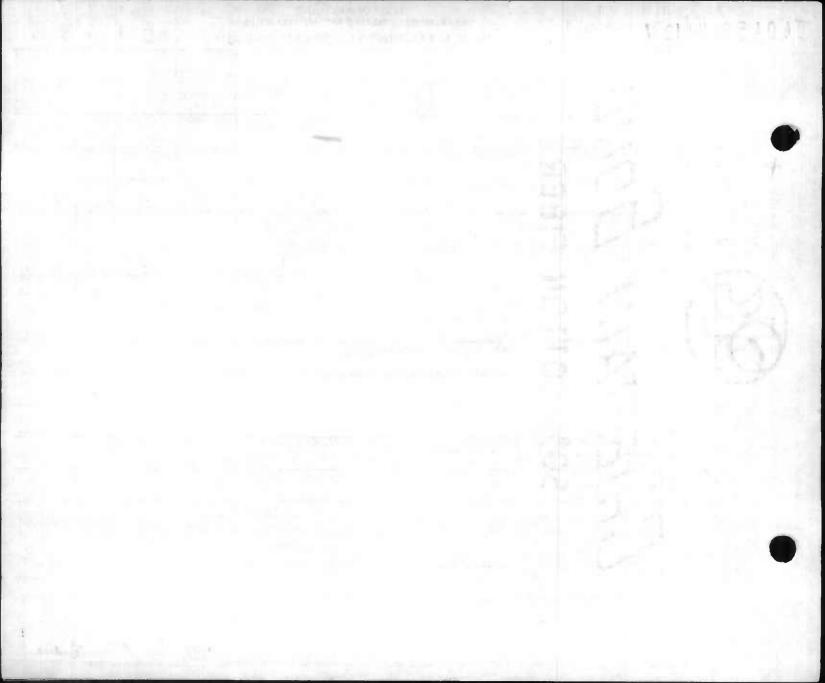
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	8	REG.	NO.	0	1	6	9	
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042065 JAN	20 Mg	ATE SISTRAR		CERTIF	ICATE OF DEATH	8 REG. NO	0 1	0 7 /
* 24	CHECKAS	ED NAME FIRST	MIDDLE #/	71	AST	20 DATE OF DEATH A	AONTH DAY YEAR	2b. HOUR
eter progressive decimals and the second sec	J. SEX	DEI/C	4 RACE Black	S. DATE C		6 AGE (IN YEARS LAST BIRTH		
1 11/1	G	LACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUL	MARRIE WIDOWE		BALTIMORE CITY OF	CI 44	MD.
100	F	R TOWN OF DEATH	11. NAME OF HOSPITAL, N	e STREET ADDRESS	r other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF BOOK Kee		_ /9
1 1935	MA STATE	SIDENCE (IF NURSING HOME OF	NTY 131. CITY O		13d. INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN NA	13e.STREET ADDRESS /	ZIP CODE	2/2/2
1800)	DECEASED EVER IN U.S. AR	MIDDLE Feu	L SECURITY NO.	VINGIN	MIDDLE ADDRES	Wash	ING for
page of	(YES, N	OORUNKNOWN) (IF YES, GI	VE WAR OR DATES) Z56-	40-362		wilson 4)	110 PARA,	N Report
	18. 0	PART I. DEATH WAS CAUSE	nly ane cause per line far (a), ED BY: TE CAUSE (a)	(b), and ice	al Infact	LE me	BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
at he death by he attends committee or	ga	nditians, if any, which we rise to immediate use (a), stating the dellying cause last.	DUE TO, OR AS A CON	95CVD	and Cor.	arting our	ence	
for requires the form them suggested on the place of the		RT 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN IN PART	I a
A permit of the formal of the	CERTIFICATION 190	date of operation	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO
SECIANG TO Physic certificati mal-trams ental Hype from 18 o	00.4	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DELETHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONT	H DAY YEAR	21c. HÓW ÍÑJÜRY OĞCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART	2)
NG PHYSCLA offending plans the benefit had Mental and M	WEDICAL MEDICAL	INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, (OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
ATTEND Market o SCTOR A defension of Heal		saw the deceased alive an abave, (I) (we) (did) (did no	at) view the bady after death	19 <u>87</u> , ar	nd that in (ny) aur) apinian	, ta death accurred an the dat		
TAL OR PAL DIRI Jenocho Jenocho	276	SIGNATURE	J. Davill			MEDICAL STAFF	_ //	20 /87
o HOSP stormed to TO FUNE The MPORTA	77d.	J. DARRE					malletown	ml.
BP	Bur		1-23-87	The second second second	Cemetery OR CREMATORY		a.	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	Capi	ALDIRECTOR Tal Funeral S Church Va.	Service 7213 ^{^0}	Lee High	1077	E REC'D. BY REGISTRAR 2 N 2 8 1087	Sh. REGISTRAR'S SIGN	



S			Item 8, Film 633 11-		TE OF MARYLAND		
1404	58 JAN	12	STATE per family REGISTRAR		HEALTH AND MENTAL H ER'S CERTIFICATE C	DEDEARY 7 1	6 9 8
		1. DE	CEASED NAME FIRST	WIDDIE	LAST	20. DATE KNOWN MONTH	DAY YEAR 26 HOUR
135	9.55 E.	(TYP	George		Thompson	OF ESTI- DEATH MATED	4 19 87
PE	HOUR STREET	3. SE)	4. RACE S.	DATE OF BIRTH YEAR LANT METHOL	ARS IF UNDER 1 YR. IF UNDER	24 HRS. 21. DATE MONTH MIN PRONOUNCED	DAY YEAR 2d HOUR
ARY	NOUR TONS		RTHPLACE (STATE OR 76	CHIZEN OF WHAT COUNTRY	RS.	DEAD 1	6 1987 M
TO GES	FUNERAL SFOR Y WITHIN		REIGN COUNTRY)	CONTRA!	MARRIED NEVER MARRI		
NSI NSI		10. CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME		120 USUAL OCCUPATION (TYPE OF WORK	126 KIND OF BUSINESS
A S	257		Baltimore	1903 Eutaw Place		FOR MOST OF WORKING LIFE)	OR INDUSTRY
201 ZY D	TAIN TO THE PROPERTY OF THE PR		L RESIDENCE (IF IN NURSING HOME OR OF	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI 13 CHY OR TOWN	DN) 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS //	Jak,
F.A.	Sac	14 57	THER'S NAME	and	YES NO	1903 N. Ru	the Wirz
E. M.	- 1	1/	FIRST	NIDDLE LAST	15 MOTHER'S MAIDE	MIDDLE	LAST
MOR	054V	16c. V	VAS DECEASED EVER IN U.S. ARMED	FORCES? 166. SOCIAL SECURIT	Y NO. 17 INFORMANT	ADDRESS ADDRESS	, ,
ALT	A PAGE	1	CEL. (IFTES, GIVE WAR	214-26-20	20 8084 Vr	lex - 4/18 &	explay 5. de
ST., I	M M			ne cause per line for (o), (b), and (c).)			BETWEEN ONSET AND DEATH
24 H	NAL SERVICE		IMMEDIATE C	AUSE (a) Chronic alcoho		ire disorder	
2 4	NSTA EMO		Canditians, if any, which	DOE TO, OR AS A CONSEQUENCE	Jr.		
(3/8)	SE S		gave rise to immediate cause (a) stating the <u>under-</u>	DUE TO, OR AS A CONSEQUENCE	OF		
1	AND MAND WATON		lying cause last.	(c)			
DIVISION OF VITAL RECORDS	ENDING WEDICAL AS A BU ALTH AN CREMAT	z	PART 2 DTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PA	RT 1 lg	
REO ID 8	F MEDIC F MEDIC FD AS A I	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20 AUTOPSY?
MITAL	WORD BE USE BURNE	TIFIC					YES NO
OF	A SPENSON		210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	216 HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PAR	T 2)
SION	SHOUTH SHOUTH	MEDICAL	CONTRIBUTING CAUSE OF DEA	TH P.M. 19 21e PLACE OF INJURY (ATHOME,	1211. LOCATION	1	
DIVI	WRITING THE WORD THE CHIEM AND THE CHIEM AGE 3 SHOULD BE USED AT THE DEPARTMENT OF HEAD AT TO PRIOR TO BURIAL CHIEM AND TO SHOULD THE SHORT OF THE S	ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN COU	DNTY STATE
王	-20 F	100		f the remains described above, held on	Autopsy XX, Inspection		
ANE	ECTOR FINAL THE TAINER THE THE TAINER THE THE TAINER TH		death resulted from: Notural a		Autopsy (A.A.), Inspection	Undetermined manner , and in my api	inion
EXA	CERTIFIC JID BE F DIRECTO WITH TH WARYLAN		ACTUAL //	//	TITLE (SPECIFY)		
2	THE CER SHOULD ERAL DIR EATH, WI ORE, MAR		SIGNATURE C	engine	M.D. Assistan	T MEDICAL EXAMINER SIGNE	1/7/87
WEDI	H-ZOS	-	EXAMINER'S NAME Willia	m M. Zane, M.D.	ADDRESS 111	Penn St. Balto.MD.	
0	EXECU-PAGE TO FU AFTER BALTIN	7 (e B)	IRIAL CREMATION REMOVAL 23h	PATE / 13 NAME OF ES	MERY OR CREMATORY	- ST TOCATION COUN	
07/84 B	P	-	Sugar 1/	8/87 W. Au	James Cen,	mout.	Wei
	DHMH - 17	24. Ft	HERALDIRECTOR AND O	147.00ABSS) 14 M/ M/		REC'D. BY REGISTRAR 256 REGISTRAR'S SI	GNATURE
(VI	R A15 ME (5))	4	n Come	1/10/17 10/10	NILA	AN 8 1987 Autra Dan	arm. Kendall



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

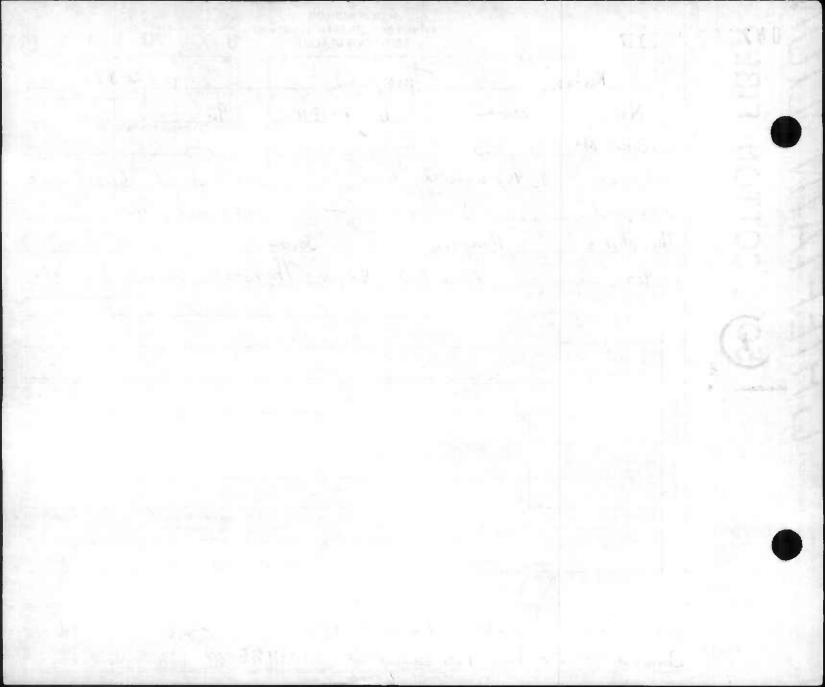
8	REG. N	40	0		Ó	9	-
ATE OF	DEATH	MONTH	DAY	YEA	R 2	b HOUR	
			-	100	~		

	Mit	FOR STATEO 7 REGISTRAR	DEP		EALTH AND MENTAL HYGI	ENE 8 Zeg. N	0 1	ó	99	
		CEASED NAME RUTYS	WIDDIE	Thomas	SON	20 DATE OF DEATH	MONTH DAY	87	26 HOUR M	
	3. SEX	RTHPLACE (STATE OR FOREIGN	4. RACE Black 76. CITIZEN OF WHAT COUN	S DATE	DE BIRTH - 1840	6. AGE (IN YEARS LAST BIF 9. BALTIMORE CITY C	YRS		IF UNDER 21 HRS	
,	Chi	rechter, Md.	USA	MARRIE WIDOWE JRSING HOME O	DIVORCED	City 120. USUAL OCCUPAT	ION 126	. KIND OF	MD.	
2	Bo	altimore	907 Wheele		٤.	Self Emplo	1 6	eal-	ESTATE	
1	13a, S	Vary And	NTY 13c. CITY OR		YES NO	13. STREET ADDRESS 907 Whee	1	21	246	
)	71	reophilus	MIDDLE Thompson	V	15 MOTHER'S MAIDEN NAN FIRS GRAH	MIDDLE		LAST		
		VAS DECEASED EVER IN U.S. AR SES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL Z17-16°	SECURITY NO 7967	Virginia The	mpson	901 Whe			
1.7		PART I. DEATH WAS CAUSE	nly one couse per line fortol, (b D BY: TE CAUSE (a)	utt h	M &CARKUL	LAMEN	m	BETWEEN O	NATE INTERVAL NSET AND DEATH	
1000		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF	ensolus curre co	mastu	r ase se			
_	NOI	PART 2 OTHER SIGNIFICANT O	nevra Lel	ause		nal disease or con				
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO			OF DEATH?	
)		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OF	R PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE, FARM ETC)	211 LOCATION STREET	CITY OR TO	IWN CC	OUNTY	STATE	
		220. I certify that (I) (this hospital) attended the deceased from 19 , ond that in (my) (aur) apinion death accurred on the date and haur and from the couses stated obove, (I) (we) (did) (did not view the body after death.								
		226. SIGNATURE	Pow			MEDICAL STA	FF	DATES	7 / Y	
		22d. PHYSICIAN'S NAME (TYPE O	MJ Brow	WW 15	22e ADDRESS	Circ	14.2	126.	7	
	B	URIAL, CREMATION, REMOVAL SPECIETY ACIAL (CLIP)	1-26-87	ARbut	emetery or crematory S Mem.	23d LOCATION	Nt. cour		MATE.	
	24 FU	mes A. Morton	+ Sons 1700	Lawens	St. JAN	28 1987	Sta David	-	IRE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT



LAST PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN MEDICAL CENTER T DUDNCT 23c HAME OF CHARTERY OF CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE

2b. HOUR

12b. KIND OF BUSINESS OR

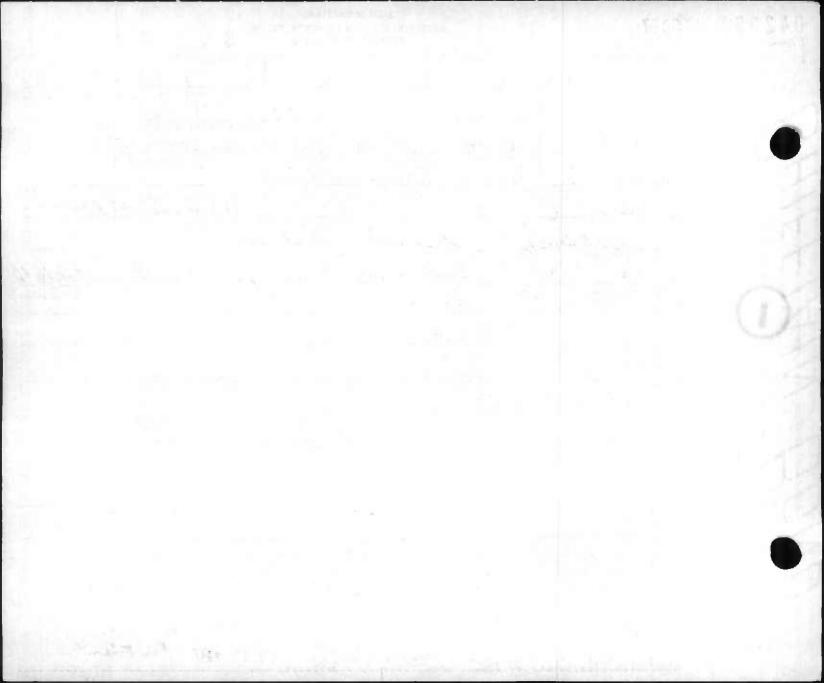
IF LINDER 24 HRS

JE LINDER LYEAR

INDUSTRY

DHMH - 16 60M 37 144 (VRA 15, 4)

DRITANT 224



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DEPAR

LAST

THRIFT

MONTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

10 ho

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

5. DATE OF BIRTH

TMENT	OF	HEALTH	AND	MENTAL	HYGIEN
CE	RTI	FICATE	OF	DEATH	

MARRIED A NEVER MARRIED

ALTH AND MENTAL HYG CATE OF DEATH	IENE 8	REG. N	. 0	1	1	0	1
51	20. DATE C	F DEATH	MONTH	DAY	YE AR	2b_HO	UR
FT			1	30	87	9:00	ЭP. м
F BIRTH	6. AGE IIN	YEARS LAST BI		IF UNI	DERIYEAR	-	R 24 HRS
DAY YEAR		-		MONTH	S DAYS	HOURS	MIN.
22 12	9 RAITIM	ORE CITY O	YRS	TY OF D	FATH		
X NEVER MARRIED	DALITIM	DKE CITT	ZK COOM	i i Oi b	-AIII		
DIVORCED [Ba	<u>ltimo</u>	<u>re Ci</u>	ty			MD.
R OTHER INSTITUTION		RK FOR MOST			b. KIND C DUSTRY	F BUSIN	ESS OR
1	1	ionar					
121 110100 0171 1111700							
13d. INSIDE CITY LIMITS? YES □ NO ☑	13e.STREET			30	2110	212	20
15 MOTHER'S MAIDEN NA	Gard roter Gard - F	ROCK	well	Avei	iue	212	20
FIRST	***	MIDDLE			t AS	T	
Ella		F.			<i>I</i>	7ppo	tt
17 INFORMANT		ADDR	ESS				
Naoma Blanke	nship	305	West	101		. 2	1225
xiratory X	frei	t			APPROX BETWEEN	ONSET AN	DEATH
NOT RELATED TO THE TERM	INAL DISEA	SÉ OR CON	IDITION G	IVEN IN	PART 10	0	
WAS PERFORMED	20a AUT	OPSY?	20b. IF Y	ES, WEI	RE FINDIN	NGS USE	D
	YES 🗌	NO		YES []	CAUSES	NO [
21c. HOW INJURY OCCURR	RED (ENTERN	ATURE OF INJU	JRY IN ITEM 18	PARTIC	RPART 2)		
211 LOCATION STREET		CITY OR TO	NWO	С	OUNTY	, M	STATE
		, /	4		-		
that in (my) (our) opinion	deoth occurr	ed on the d	ote and ha	. 19 C		thot (1)	
EGREE					N. DATE	SIGNED	-
10 , ATTENDING PHYSICIAN P	MEDICAL	STA			2/7	1/2	/
22e. ADDRESS	DIKECTOR	LI FII (3)	CIAIA		1	/51	
299 Frederi	ck Rd			(Cator	nsvi	lle

poge 3 ond prior 00 ould be detached for use the State Dept. of Heal MPORTANT

CERTIFICATION

FOR

FIRST

CHARLES

4 RACE

USUAL RESIDENCE (IF NURSING IN AE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1131. OUNTY
1131. CITY OR TOWN

altimore

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

220.1 certify that (1) (this hospital) attended the deceased fro

above (1) we) laid faid part view the body ofter death

T.F.

WHITE

7h CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

St. Agnes Hospital

Catonsville

Thrift

166 SOCIAL SECURITY NO.

217-09-7628

13c. CITY OR TOWN

LAST

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM

21b. TIME OF INJURY

P.M

21e. PLACE OF INJURY

U.S.A

- STATE REGISTRAR . DECEASED NAME

(TYPE OR PRINT)

MALE

TO BERTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

Maryland

Baltimore

Frank

NO

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse

190 DATE OF OPERATION

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Patrick White

WHILE NOT WHILE AT WORK

60. WAS DECEASED EVER IN U.S. ARMED FORCES?

Maryland

FATHER'S NAME

3. SEX

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

2/3/87 Burial 24. FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

and that in

DEGREE

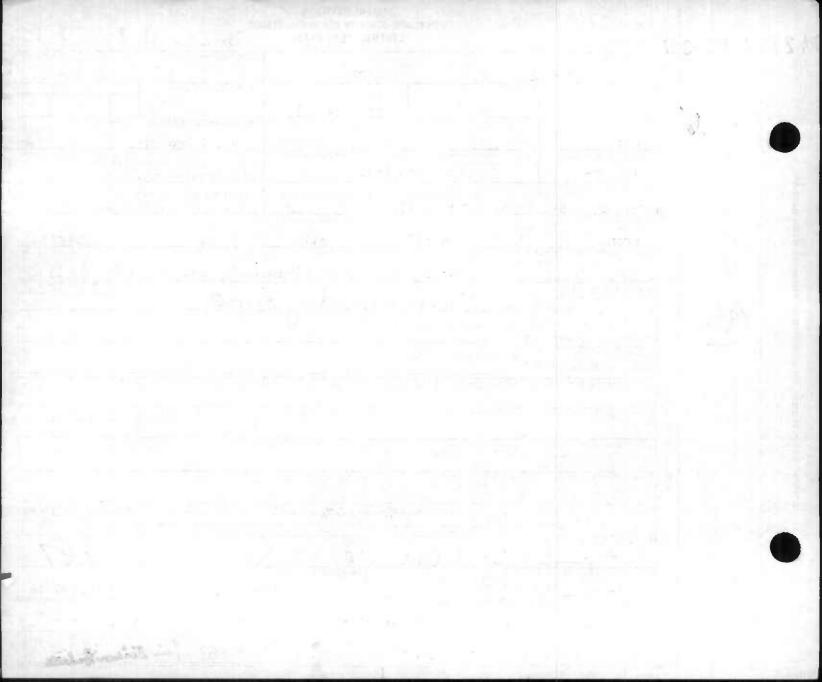
23d. LOCATION Brooklyn Pk.

Maryland

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

23b. DATE

ulia Dindono B



that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

director, page 3 hours ofter death

funeral director.

	S	T	A	TE	0	F M	ARYI	AND	
MI	r	n	F	HE	A	TH	AND	MENTAL	B

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0	REG. NO.	U	
	NCO. 140.		

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DAY		YEAR	26	HOUR	

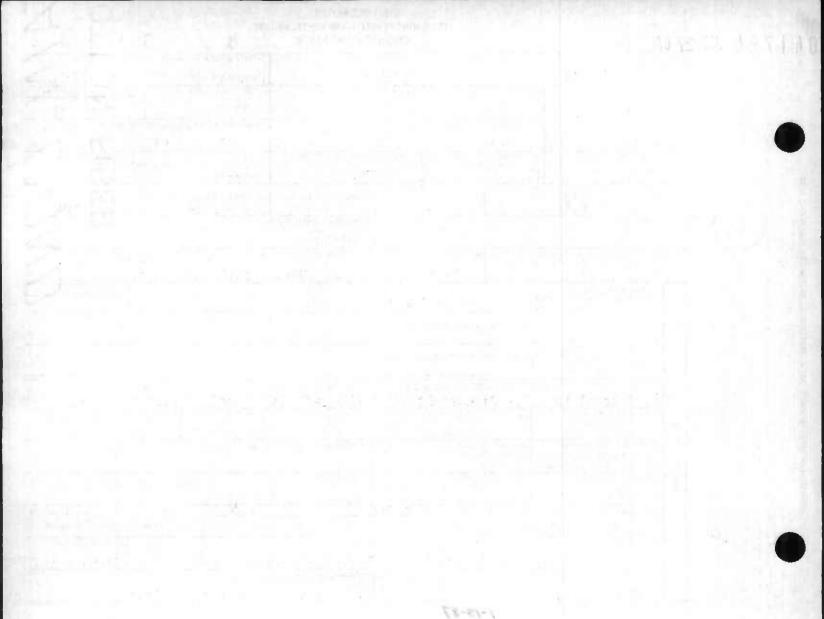
718	REGISTRAR			CERTIFI	ICATE OF DEATH	8	REG. NO.	0	1 /	0 2
	CEASED NAME FIRST	WIE	DDIE	ŁA.	AST	20. DATE OF DE	ATH MONTH	H DAY	YEAR	2b. HOUR
,,,,,	CAMILLA			TILL	MAN	January	13, 1	987		5:30 A
3. SEX		4 RACE		5. DATE O		6 AGE (IN YEARS		1F	UNDER I YEAR	IF UNDER 24 HRS
	Female	Blac	ck	момтн	15 YEAR 01	85		YRS.	NTHS DAYS	HOURS MIN.
	IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE			FDEATH	100
	N. Carolina	U.S.		WIDOWEI		BALTI	MORE C	YTI		M
	BALTIMORE		FACILITY, GIVE STREET	ADDRESS)	TAL	120. USUAL OCI	R MOST OF WORK	KING LIFE)	12b. KIND C INDUSTRY	F BUSINESS OF
130. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR Md. Balto	VIY	ive residence before 13c. CITY OR TOW Garriso	/N	13d. INSIDE CITY LIMITS?	13e.STREET ADD	DRESS / ZIP		m Rd.	21055
IA EA	THER'S NAME FIRST	WIDDIE	LAST		IS. MOTHER'S MAIDEN NA FIRST Matilda	ME	AIDDLE	0001	LAS	1
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIT	MED FORCES? 1	217-26-		Mr. Charl	2465 es Tillm			ey Av	e.
	Canditians, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR	AS A CONSEQU	Shock ENCE OF						yest any blan
CATION	PART I. DEATH WAS CAUSE IMMEDIA Canditians, if ony, which gove rise to immediate	DBY: TE CAUSE (0) DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CON CUlar Di	Septic S AS A CONSEQU AS A CONSEQU NITRIBUTING TO Sease-Rt	ENCE OF ENCE OF DEATH BUT			is, Canc	er o	OF COL	ON IGS USED
TIFICATION	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT (Peripheral Vas	DBY: TE CAUSE (0) DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CON CUlar Di	Septic S AS A CONSEQU AS A CONSEQU NITRIBUTING TO Sease-Rt	ENCE OF ENCE OF DEATH BUT	ASCVD-Left He	emiparesi 200 AUTOPS	is, Canc	er o	IIN PART III	on
ICAL CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT Peripheral Vas 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE)	DBY: TE CAUSE (0) DUE TO, OR. (b) DUE TO, OR. (c) CONDITIONS CON CULAR DI 196 CONDITI	Septic S AS A CONSEQU AS A CONSEQU NTRIBUTING TO SEASE-Rt ION FOR WHICH INJURY MONTH D	ENCE OF ENCE OF DEATH BUT AKA,	ASCVD-Left He N WAS PERFORMED	200 AUTOPS YES \rightarrow	is, Canc	CERTIFYIN	OF COL	ON NGS USED OF DEATH?
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stofing the underlying couse last. PART 2. OTHER SIGNIFICANT Peripheral Vas 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIP ETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE ALWORK AT WORK	D BY: TE CAUSE (a) DUE TO, OR. (b) DUE TO, OR. (c) CONDITIONS CON CUlar Di 19b. CONDITI 21b. TIME OF HOUR A.M. P.M. 21e. PLACE OI (AT HOME, STREE	Septic S AS A CONSEQU AS A CONSEQU NTRIBUTING TO SEASE—RT ION FOR WHICH INJURY A. MONTH D OF INJURY FI INJURY FI FACTORY, OFFICE, I	ENCE OF ENCE OF DEATH BUT AKA, OPERATION AY YEAR 19 FARM, ETC.)	ASCVD-Left He WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION STREET	emiparesi 200 AUTOPS YES N RED (ENTER NATURE	IS, Cand	CERTIFYIN	OF COI WERE FINDING CAUSES OF TORPART 2)	ON NGS USED OF DEATH?
	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT OF COURT OF CONTRIBUTING CAUSE OF DE CONTRIBUTION COURTED WHILE NOT WHILE AT WORK 270. I certify that X (this hasp saw the deceased alive or obove, X (we) (did) (XX)	DBY: TE CAUSE (a) DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CON CULAR DI 196 CONDITI 196 CONDITI 196 CONDITI 197 CONDITI 198 CONDITI	Septic S AS A CONSEQU AS A CONSEQU AS A CONSEQU NTRIBUTING TO SEASE—Rt ION FOR WHICH INJURY IF INJURY ET, FACTORY, OFFICE, I deceased from 13 19 8	ENCE OF ENCE OF DEATH BUT I AY YEAR 19 FARM, ETC.) Januar Januar	211. LOCATION STREET 213. 19. 87 d that in (n.) (aur) apinian	emiparesi 200 AUTOPS YES N RED (ENTERNATURE	is, Canc	CET (IF YES, V CERTIFYIT YES EAM 18 PART	OF COI WERE FINDING CAUSES COUNTY 87	ON IGS USED OF DEATH? NO STATE that I (we) la causes stated
	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT Peripheral Vas 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that X (this hasp saw the deceased alive or obove, X (we) (did) (X X X 22b. SIGNATURE)	DUE TO, OR. (b) DUE TO, OR. (c) CONDITIONS CON CULAR DI 21b. TIME OF HOUR A.M. P.M. 21e. PLACE OI (AT HOME. STREE	Septic S AS A CONSEQU AS A CONSEQU AS A CONSEQU NTRIBUTING TO SEASE—Rt ION FOR WHICH INJURY IF INJURY ET, FACTORY, OFFICE, I deceased from 13 19 8	ENCE OF ENCE OF DEATH BUT I AY YEAR 19 FARM, ETC.) Januar Januar	ASCVD-Left He N WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION STREET Y 13 , 19 87 d that in (ny) (aur) apinian DEGREE ATTENDING PHYSICIAN Y	emiparesi 200 AUTOPS YES N RED (ENTERNATURE	IS, Cance 120b. IN COLAX IN CO	CET (IF YES, V YES YES	COUNTY COUNTY ATT	ON IGS USED OF DEATH? NO STATE that I (we) la causes stated
	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT OF COURT OF CONTRIBUTING CAUSE OF DE CONTRIBUTION COURTED WHILE NOT WHILE AT WORK 270. I certify that X (this hasp saw the deceased alive or obove, X (we) (did) (XX)	DBY: TE CAUSE (a) DUE TO, OR. (b) DUE TO, OR. (c) CONDITIONS CON CULAR DI 21b. TIME OF HOUR A.M. 21b. PLACE OI (AT HOME, STREE	Septic S AS A CONSEQU AS A CONSEQU AS A CONSEQU NTRIBUTING TO SEASE—Rt ION FOR WHICH INJURY IF INJURY ET, FACTORY, OFFICE, I deceased from 13 19 8	ENCE OF ENCE OF DEATH BUT I AY YEAR 19 FARM, ETC.) Januar Januar	ASCVD-Left He N WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION STREET 213 19 87 d that in (n/y) (aur) apinian DEGREE A ATTENDING	PMIPAYES DO AUTOPS YES NEED (ENTERNATURE CO. 10 January MEDICAL MEDICAL MEDICAL MEDICAL	IS, Cance 19 20b. IN COLUMN IN THE COFINIUM IT OR TOWN IN THE COMMITTEE COMM	CEP (IF YES, V CERTIFYIN YES YES Y S M M M M M M M M M M M M M M M M M M	COUNTY 87 and from the 22c. DATE Janu	ON NGS USED OF DEATH? NO STATE that **(we) la causes stated SIGNED

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pagewith the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

24 FUNERAL DIRECTOR Anatomy Board

ADDRESS Balto., Md. JAN 21 987



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DO:	WEGISTRAR		CENTIL	TEATE OF DEATH	REG. NO	Ο.		
	CEASED NAME FIRST	MIDDLE	Į.	AST	2a DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	ORPRINT) ESTE	lle	TI	MMONS	01-	12-	87	5 AM
1, SE	X	RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
	F	B	MONTH 9	3 28	58	YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
	N.C	U. S. A.	WIDOWE	DIVORCED [BAH	ino		MD.
10. C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) 		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST O			F BUSINESS OR
	BAltimore	St Agnes	H	bapital	House wi		E) II4DOSTKI	
	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT			113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
	MARYLAND	BAHim	ore	YES NO	635 GIL	SON F	Rd +	21229
14. FA	ATHER'S NAME	IDDLE LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE			
17	inathy	SOMESON		Be. HV	WIDDLE		Sohns	SAC
	VAS DECEASED/EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS	11000	
- (YES, NO OR UNKNOWN) (IF YES, GIVE	218-26-8	2053	Essie Ti	MMONS	635	- Gib.	SON Rd
	18. CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and	dicui				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIATE		ous	Cercinona	luna		100	
	IMMEDIATE				0			
	Candiday M 111	DUE TO, OR AS A CONSEQUE		Cercinoma	Heads	neck		
	Canditions, if any, which gave rise to immediate	(b) 17 CC	1000	C / C/NO/VIDI	1700010	1100		
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		s to Bra				
	onderlying coose lost.	1 10 metas	rasi	s to Isra	(1)			
z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 110	٥,
CERTIFICATION	198 DATE OF OPERATION	196. CONDITION FOR WHICH	ODERATIO	NIWAS OFFICA WED	Tag AUTODSV2	Tank IF VEC	, WERE FINDIN	los uses
5	198 DATE OF OPERATION	198. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YING CAUSES	
E					YES NO	1	s []	NO 🗌
1000	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 P	ART 1 OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	The Control of the Co				
â	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CHY OR TO		COUNTY	STATE
ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC)	ZIKEEI	CITTORIO		CODIVIT	STATE
		al) attended the deceased from_			, ta		19	that (I) (we) last
	saw the deceased alive an above, (I) (we) (did) (did not)	19	01	nd that in (my) (aur) apınian	death occurred an the do	ate and have	r and from the	couses stated
	22b. SIGNATURE	view the body after death		DEGREE			22c DATE	SIGNED
	A	muy Sue 11	P	M - D ATTENDING	MEDICAL STAF	F. A	1-1	2-87
	22d, PHYSICIAN'S NAME / OF PE OR	PRINTI		PHYSICIAN [DIRECTOR PHYSIC	IAN (6)	7	-
1	JIMM		D	St.	Asnos H	CSP	tol	
23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
	Burial	11-17-87 1	n+ 1	Arburn Come	A BAIT	more		MJ.
24 Ft	UNERAL DIRECTOR	ADDRESS		25a DAT	THE TY COMODY	256 REGIST	RARIOSIGNAT	URE
M	OULAM TKING	WAR 1206	W. N	forth Ave	THIS - S 1901	0		- 06
200								

DHMH - 16 60M 7/84 (VRA 15, 4)

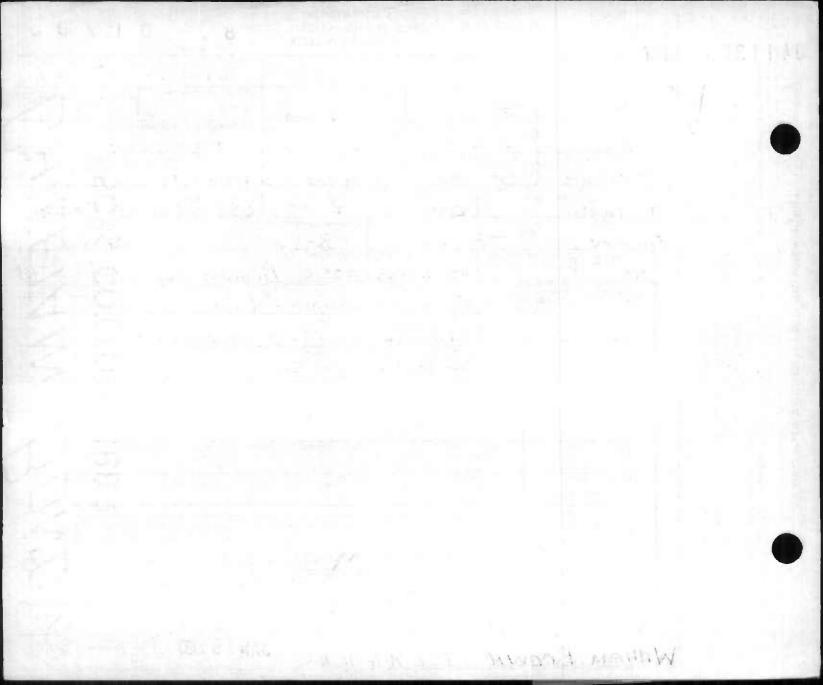
BP.

should be detached for use or with the State Dept. of Health TO FUNERAL DIRECTOR. encined by the hospital

APORTANT: If them 21 is

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JAN



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE OF DEATH MONTH 26 HOUR January 25, 1987 Tisdale 9:36 A Arthur 4. RACE 5. DATE OF BIRTH & AGE UN YEARS LAST BIRTHDAY 3 SEX 49 Male Black 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Md . DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore unemoloyed Maryland General Hospital
STITUTION GIVE RESIDENCE BEFORE ADMISSION) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13g STATE 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Balto. 1126 Argyle 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Arthur Tisdale Sr. MIDDLE Preston LAST MaryFIRST **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT HE YES, GIVE WAR OR DATES! 212-48-348 Mary Tisdale 1126 Argyle Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), 1
PART I. DEATH WAS CAUSED BY:

Right Lower Lobe Pneumonia DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOL 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21f LOCATION 21d INTURY OCCURRED (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OF TOWN COUNTY STATE STREET NOT WHILE AL WORK 22a. I certify thoughy (this hospital) attended the deceased from January sow the deceased olive on January 25 19.87, and that above, (*) (see) (did) (dydyczy view he body after death, 25 January and that (MW) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME ITTEL COMMIT 22e ADDRESS £ C/O Maryland General Hospital 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b DATE

Md .

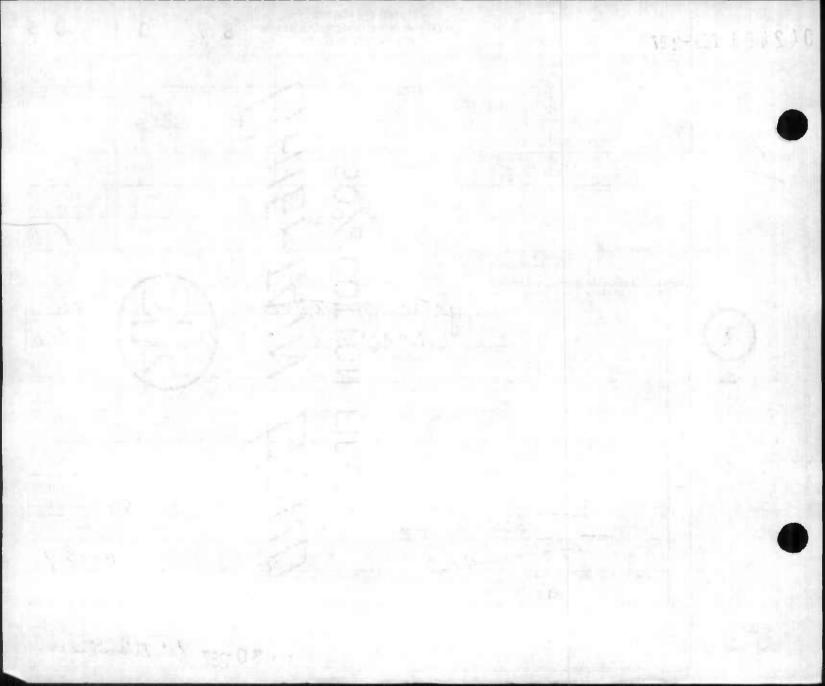
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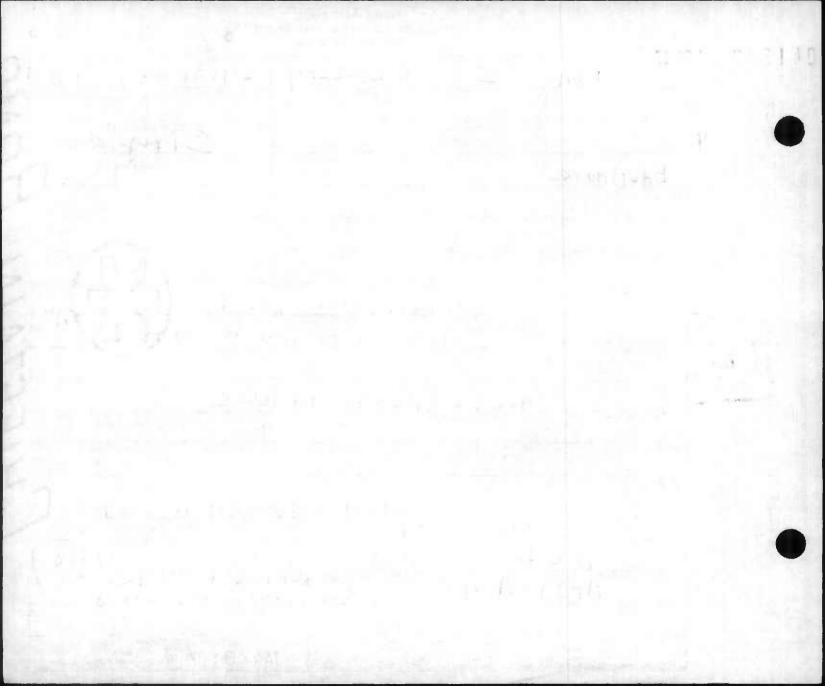
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

B 2 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 O 7 CERTIFICATE OF DEATH CERTIFICATE OF DEATH											3.
		CEASED NAME FIRST		MIDDLE	·	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	(TYPE	ORPRINT) HARR	ISON	EUGEN	E	TOMPKINS	JANUARY	29.	1987	1:33	A
	3. SEX		4. RACE	2002.1	5. DATE C		6 AGE (IN YEARS LAST B		IF UNDER I YEAR		
		MALE	WH	ITE	FEBF	RUARY 12,189	9 87	YRS	MONTHS DAYS	HOURS M	IN.
-	To BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH		
1	C	ONNECTICUT	l	JSA	WIDOWE		BALTIN	ORE	CITY,		MD.
-	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS	OR
		ALTIMORE	3819	COPLEY	ROAL	21215	TEACHER		PRIV		
1	130 S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN		GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CO	DE SCH	OOL	
7	_	ARYLAND		BALTIM	ORE	YES X NO	3819 COP		ROAD	#21215	
-			MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LA	ST	
-		OGENE		TOMPK		OLIVE			HEI	KUS	
1			MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDF				
		YES W	W 1	212-20-3	3662	Mr. Eugene					
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per	line to rai, flat, and	ligari	Pasadena, Ma	ryland 211	22	BETWEEN	XIMATE INTERVAL ONSET AND DEA	тн
			E CAUSE (a)	ALPUT	LC)	mouses	20	1.50	/	Mi	_
M			DUE TO, O	R AS A CONSTOUR	NCE OF	A. A	(100)		1	021	-
7		Conditions, if any, which gave rise to immediate	(b)_	- 6	1/1/	World C	con		110	, me	0
		couse (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF				01/03		
	4		(0)	20172001710070		NOT BELLIFFE TO SUF YES					=
	N O	PART 2 OTHER SIGNIFICANT C	ONDITIONS <u>C</u>	DALKIBUTING TO L	JEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COR	ADITION G	IVEN IN PART T	0	
9	CERTIFICATION	190 DATE OF OPERATION 196, CONDITION FOR WHICH C				WAS PERFORMED	200 AUTOPSY?		ES, WERE FIND		
1	III.						YES NO		YES NO NO		
		21g. ACCIDENT WAS UNDERLYING TO THE OF INJURY HOUR A.M. MONTH DAY				21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN)	JRY IN ITEM T	B PART I OR PART 2)		
7	₹	OR CONTRIBUTING CAUSE OF DEA	I H		YEAR 19	COTT LONG					
-	MEDICAL	21d INJURY OCCURRED	71e PLACE	OF INJURY	ARM ETC)	ZII LOCATION SIREET CITY OR TO			OWN COUNTY STATE		
	_	AT WORK NOT WHILE AT WORK			-	11 22	1	20	0		
		220.1 certify that (1) (the hospi	H1 54 4		86	19 19		29	19.	that (I) feet	last
	- 10	saw the deceased alive an above, (I) (was alia) (did no				id that in (my) (corrapinion o	death accurred on the o	late and h			
	3.5	11h SIGNATURE	7	1		DEGREE ATTENDING .	MEDICAL STA	FF	22c DAT	2 O	,
9		22d, PHYSICIAN'S NAME TYPE O	0.0000000	40		PHYSICIAN 2	DIRECTOR PHYS	CIAN	1/6	1010	_
				MD			denrina La	no D	altimora	MD	
	22. 2		nfeld,		LAME OF O	222 W. Col	123d LOCATION	ne, b	artimore	, IVID.	
	- (URIAL, CREMATION, REMOVAL SPECIFY) CEMATION	1/30/			ew Mem.Pk.	Catonsv	ille R	alto Co	Mary	land
		INERAL DIRECTOR NA -	1/30/	/ //	CSCVIC		E REC'D. BY REGISTRA	251 DECL	ATA WES D'OLOTE	THOE	
		artin D. Lawson	1. 10 W	Padonia	Road			Auto	Dundan	Kandalka	
								11.4			

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4 moy b	3 SE	<	4.	RACE		5 DATE C		6. AGE (INYFA	RS LAST BIRTHDAY)	IF UNDER 1 YEAR	
oge 4		FEMALE		WH:	ITE		14, 1892	94		5.	HOURS MIN.
A CONTRACTOR		RTHPLACE (STATE OR COUNTRY)	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH	30
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華 碧 佳州	10	BAITIM	no		HEACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FO	OR MOST OF WORKING	(NDUSTRY	
hours of hou		AL RESIDENCE (IF NUR				ADMISSION)	HOSP.		WIFE		HOME
24 h		ARYLAND	136 COUNTY		BALTIMO		134 INSIDE CITY LIMITS		DRESS / ZIP CO		#21215
tely f		THER'S NAME				KE	15 MOTHER'S MAIDEN	NAME			
ed with		HARRY	MIE	DLE	SALAS		MINNIE		MIDDLE	HERBERT	.ST
nd on dicol		VAS DECEASED EVER	IN U.S ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT	MRS. SII	DNEYESL.		APT.101
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by the confined of the confine		underlying cause		(6)	K AS A CONSECUI	INCE OF					
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beer must prior	CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP		YES, WERE FINDS	
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hysici ficote fronsi 18 sh		210. ACCIDENT WAS UN		21b. TIME C HOUR A.		AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATU	RE OF INJURY IN ITEM !	8 PART 1 OR PART 2)	
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DING P or offer the eos the olth one morked		22a. certify that (1)		ottended th	e deceased from	121	271 108	6 ,001	toat	1087	, that (I) (we) lost
TTEN TOR For us of He		sow the deceos obove, (1) (we) (ed olive on	0110	9 19	57. on	d that in (my) (our) opini	on death accurred	on the date and h	our and from the	
OR A DIRECTOR DIRECTOR DEPT.		226. SIGNATURE	ara / (ara nor) (new the body	offer deoffi.		DEGREE			22c. DATE	ESIGNED
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TO HOSP etoined TO FUNI should be with the							BALTI	more	IM)	21518	
		URIAL, CREMATION,		23b. DATE			EMETERY OR CREMATOR	CITY OR	TOWN	COUNTY	STATE
BP		NERAL DIRECTOR		JAN.12		ITZ C		BALT:	IMORE GISTRAR 256, REGI		TURE
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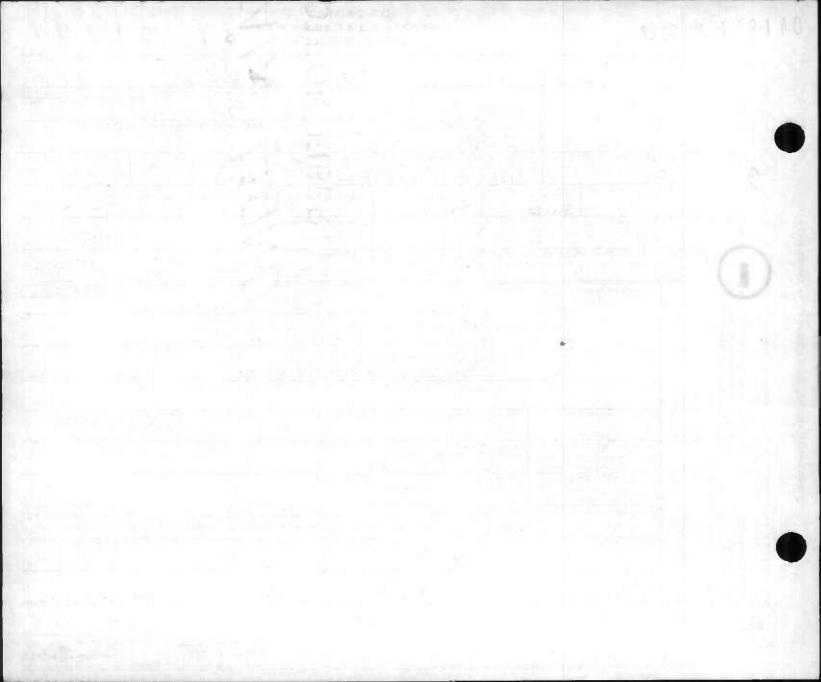
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
		CEASED NAME FIRST	MIDI	DIE	· ·	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	(TYPE	OR PRINT) / A Jellin.	Α.			TROM	1/20/67			13:10A M
	3. SE	X	4 RACE		5. DATE C		6. AGE LIN YEARS LAST B		UNDER I YEAR	
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然い		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	HAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
		USA	USIT	4.	WIDOWE		CITI			MD.
2	100	TY OR TOWN OF DEATH		SPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPAT		126. KIND C	OF BUSINESS OR
	4	outo 1	MERC	y Hos		AL	Reservat		Aberd	leen Pr.Gr
3	USU/ 13e. 9	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY)		POLICE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	STA	Och
C	14 F A	ATHÈR'S NAME William E	MIDDLE 3	Troy		15. MOTHER'S MAIDEN NAM Anne	WE	Pl	easañ	its
7		VAS DECEASED EVER IN U.S. AR.		SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS TEO1 M	+ \/3	ata Dd
	r	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 2	212-09-52	225	Mrs. Blanche	E. Troy,	Bradshai	w; Md	5121021
	PART I. DE ATH WAS CAUSE BY IMMEDIATE CAUSE (a) DUE TO OF A CONSEQUENCE OF Government of the street									KIMATÉ INTERVAL ONSET AND DEATH
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WIN CERTIFYIN		
9	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK	P.M. 21e. PLACE OF	MONTH DA	19	216. HOW INJURY OCCURR 216. LOCATION STREET	ED (ENTER NATURE OF INJI		OR PART 2)	STATE
		270.1 certify that (1) (this haspin saw the deceased alive on abaye, (1) (we) (did) (did not this sign).	1/22/	87 19		, 19 Ond that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	deoth occurred on the comments of the comments	AFF		that (I) (we) lost e couses stated
1		121 PHYSICIAN'S NAME (TYPEO	F. PL	0777	MD	100 F. 4	legant SI	Sull	fod,	102
	-	BURIAL, CREMATION, REMOVAL	1-24-1			emetery or crematory or Cath. Ch.Cen	23d LOCATION Long Gr	een Bá	ľťò.	Md. STATE
84	24 FU	INERAL DIRECTOR F. Lassahn, 11750	DBelairRd	l.Kingsvi	ille,	4d.21087	REC'D BY REGISTRAN	25b. REGISTRAF	R'S SIGNAT	TURE Residents

DHMH - 16 60M 7/84 (VRA 15, 4)

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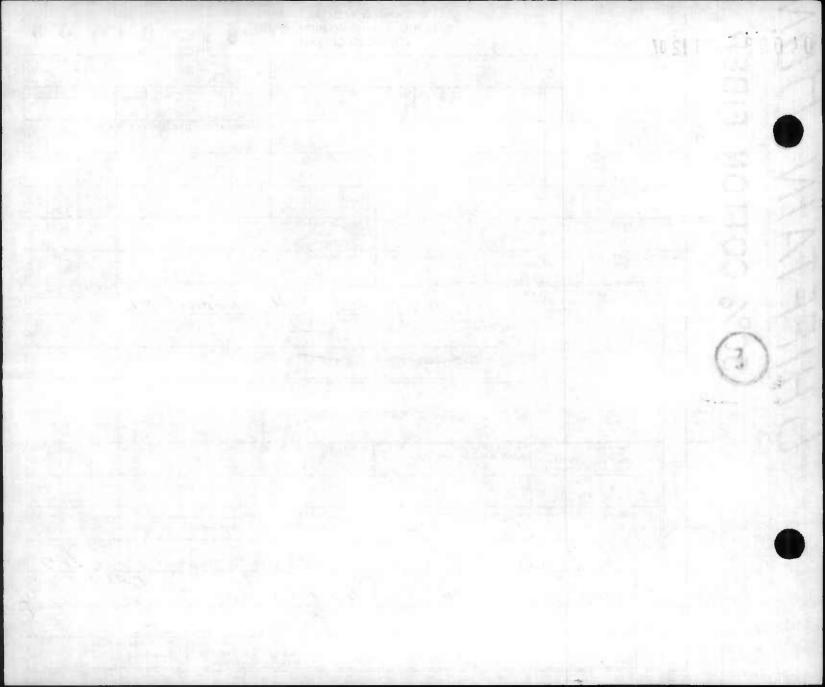


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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U J J U BAN	ALCOHOL:	EASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MO	INTH DAY YEAR	2h HOUR
of the pe		OR PRINT) May	y C. Trus	SS		1-5-87		6:45A.M
de de	3. SE)	-	14 RACE	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR	IF UNDER 24 HRS
s ofte		emale	White	5 - 1	4-1909 YEAR	77	YRS DAYS	HOURS MIN
och. Poo		OUNTRY) MD.	U.S.A.	DUNTRY? 8. MARRIE WIDOW	D NEVER MARRIED D	Baltimore city or o		M
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ed within	14 FA	THER'S NAME EIRST Harry	MIDDLE Harmon	LAST	15 MOTHER'S MAIDEN NA FIRST GERtrude	MIDDLE	erson	
n ond co		VAS DECEASED EVER IN U.S. (18 YES NO OR UNKNOWN) (18 YES	S GIVE WAR OR DATES)	9-10-6537	17 INFORMANT	Jackson - 398	Ellico	tt City nt Rd.
been signed mit. Then signed sony injury control to be	CERTIFICATION	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBU		NOT RELATED TO THE TERM	20a AUTOPSY? 2	ON GIVEN IN PART I	NGS USED
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ICIAN: 1 B physic ertificate ial-trans ntal Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DE DEATH HOUR A.M. MC	NTH DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY II	NHEM 18 PART I OR PART 2)	
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ATTENDIN aspital or ECTOR: Af d for use a f. of Health m 21 is mo		sow the deceosed alive	nospital) attended the deceose on d nat) view the body ofter deceosed.	19 86. 0	nd that in (my) (our) opinion	deoth occurred an the dote		that (I) (we) los causes stated
toche Dep		22b. SIGNATURE	call Mi			MEDICAL STAFF DIRECTOR PHYSICIA	N D 221. DATE	SIGNED
O HOSPITA, eroined by TO FUNERAI should be de with the Stot		CELIAR	E. PARK		27e ADDRESS 7/22 H/	ARFORD RI	O. MO.	2/23
2 0 × 5 × 5	73a 1	BURIAL, CREMATION, REMO			CEMETERY OR CREMATORY	23d LOCATION	COUNTY	
BP		Buria1 JNERAL DIRECTOR	1-8-87	Morelan	d Memorial Pa		o. MD.	STATE



ly filled in by the funeral director, page 3 should be filed within 72 hours ofter death

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thin 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate

etoined by the hospital or attending physician.

BP.

STATE OF MARYLAND	

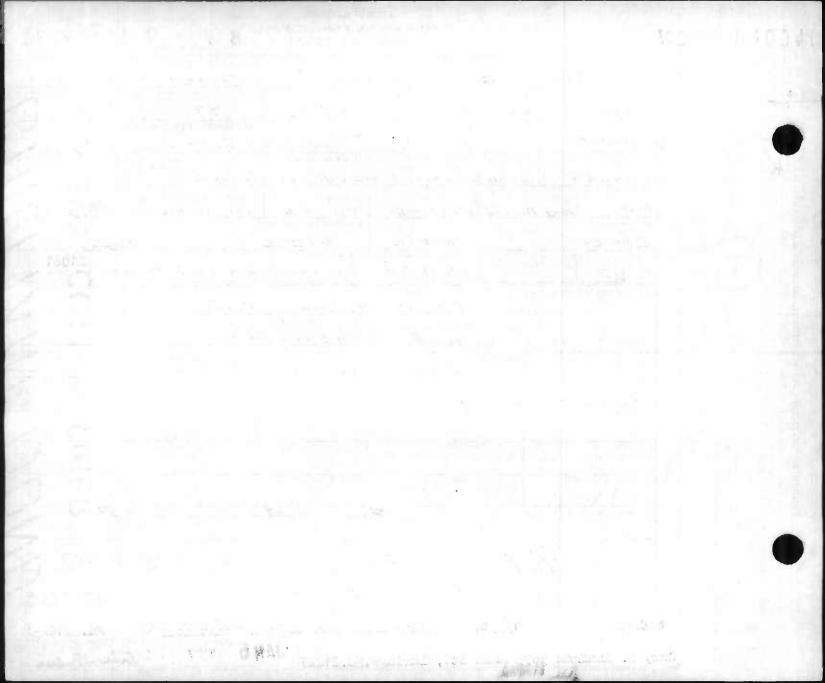
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1	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG	IENE 8 7	0	1 7	0	9
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	JAY	Ŗ.	TUCI	KER	JANUAN	14 2,	1987	11:	OF A
3. SE	X	4 RACE	5. DATE O		6. AGE IN YEARS LAST BI		FUNDER I YEAR	IF UNDER	24 HR
	MALE	CAVCASIAN	MONTH O.5	/ 29/ 4Z	44	YRS	DATS DATS	HOURS	MIN
	BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? B		9 BALTIMORE CITY	OR COUNTY C	OF DEATH		
L	PIROLNIA.	USA	WIDOWE	NEVER MARRIED DIVORCED	RAIN	MINE	cit	Tu.	A
10. C	TITY OR TOWN OF DEATH	1) NAME OF HOSPITAL, NU	JRSING HOME O		12a. USUAL OCCUPAT	ION	12b. KIND O	F BUSINE	SSO
13	BALTIMONE	(IF NOT IN SUCH FACILITY, GIVES	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	eare Hospital.	THI COR	OF WORKING LIFE)	INDUSTRY		
USU 13a.		OF OTHER INSTITUTION GIVE RESIDENCE I UNITY 13c. CITY OR Arunda Glen B	TOWN	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS	ZIP CODE	4/21	1061	,
14. F.	ATHER'S NAME		1	15. MOTHER'S MAIDEN NA	ME				
D	CARTER	MIDDLE LAST	KER	Martha Martha	MIDDLE	1./7	right	T .	
16a '	WAS DECEASED EVER IN U.S.		SECURITY NO.		ADDR	ECC		24064	_
	(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES) . 215-3	8-3536	Cornonine	UNER 1411	V.Meni	tou ble	n Bur	NI
7	Conditions, if ony, which gave rise to immediate couse (a), stoling the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONS (b) ACC DUE TO, OR AS A CONS (c) ACC	EOUENCE OF	Mulmoners oulmonery & Myolaulil NOT RELATED TO THE TERM	infarche		N IN PART 1		
IFICATION	Sucre Ce	196. CONDITION FORWA	HICH OPERATION		20a AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEAT	H?
AL CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	196 CONDITION FOR WI	DAY YEAR		YES NO	IN CERTIFYI	ING CAUSES	NGS USED OF DEAT NO	H?
MEDICAL CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WI	DAY YEAR	N WAS PERFORMED	YES NO	IN CERTIFY YES	ING CAUSES	NO [H?
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MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IFEITHER NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMI AT WORK AT WORK 22a.1 certify that (1) (Mis ho sow the deceased olive above, II) (wor God) (did	196. CONDITION FOR WILLIAM 196. CONDITION FOR WILLIAM 216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY IAT MOME STREET, FACTORY, OF on on on on typical attended the deceased from on on typical attended the deceased from Notificial attended the	DAY YEAR 19 FFICE, FARM ETC) YOM ### ### ### ### #### ###############	216. HOW INJURY OCCURE 216. LOCATION STREET 217. LOCATION STREET 218. LOCATION STREET 219. SP ATTENDING PHYSICIAN 22e. ADDRESS 366 S. Manon	YES NO DEED ENTER NATURE OF INJUINATION OF INJUIN	IN CERTIFY! YES DWN Note and hour of	COUNTY COUNTY COUNTY COUNTY	of DEAT NO [TATE
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physishould be detached for use as the burial-transit permit. Then please remove carbon popwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaya



040742 JAN	C	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	8 / REG. NO.	1710
nay be page 3		OR PRINT!	MIDDLE H.	TUNSTALL	20 DATE OF DEATH MONTH	187 1:00 P M
ge 4 may	3. SE	MALE	4. RACE BLACK	5 DATE OF BIRTH MONTH DAY YEAR 3 10 00	6 AGE (IN YEARS LAST BIRTHDAY) 86 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
neral dire	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN Bath mine	
s ofter do by the fur iled withi	10 C	Balt noise	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS) Man land	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ENGINEER	126. KIND OF THE THE SOR INDUSTRY CHOUSES
AND 2120		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CC	NDE .
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours system ond completely filled in by opers. Pages 1 and 2 should be fill wol. 11, the medical examiner must be that the medical examiner must be the medical examiner must be that the medical examiner must be the medical examiner must be that the medical examiner must be that the medical examiner must be the must be	14. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		Baker
MORE, n and co Pages 1			RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 215 - 10 -			e, Maryland 2122 ondson Avenue
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA PITAL OR ATTENDING PHYSICIAN: The low require that the neath certificate by the hospital or oftending physicion. ERAL DIRECTOR. After this certificate has been sign at a transmission of corporate of edetached for use as the burial-transit permit. The mean corbon page Store Dept of Health and Mental Hygiene prior to burial, cremation, or removal and it them 21 is marked or them 18 shows any injury. Acather traumatic event, if	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE FOR ATION 11 26 86 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IFFEITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 27c. I certify that (1) (this hosp sow the deceased alive or	DUE TO, OR AS A CONSEQUIDATION OF THE PLACE OF INJURY LATHOME. STREET, FACTORY, OFFICE, FINAL OR AND A CONSEQUIDATION OF THE PLACE OF INJURY LATHOME. STREET, FACTORY, OFFICE, FINAL OR ALL OF THE PLACE	PENCE OF ENCE OF ENCE OF DEATH BUT NOT RELATED TO THE TERM PPERATION WAS PERFORMED AY YEAR 19 216. HOW INJURY OCCUR ARM. EIC.) 217. LOCATION STREET O 30 8 9 19 80 7 , ond that in (my) (our) opinion DEGREE ATTENDING	20a AUTOPSY? 20b IF	YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH? YES NO 1 B PART I OR PART 2) COUNTY STATE
O HOSP stoined O FUNI with the With the With the Will the		BRYAN K.	BARTIE		reene St. Bo	H MD 21201

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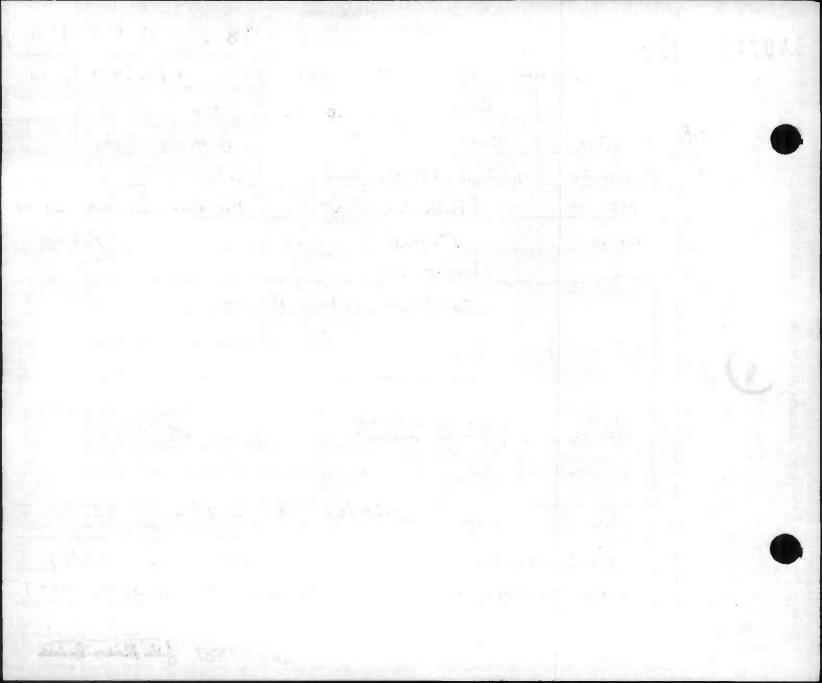
23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN (SPECIFY) BURIAL 1/10/1987

Md. Nat. Memorial 24 NUTRAERREWOSONS FUNERAL HOME, INC.

2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)



marked or Item 18 shows any injury, or other troumatic event, the medical grammer must be

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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9	REG.	NO

F] =	FOR STATE? REGISTRAR		DEPART		EALTH AND MENTAL H	HYGIENE	8 7 REG. N	0	1	1	1	1
		CEASED NAME FIRST JAMES		T.	rurna	GE, SR.		IUARY 28			re ar	21 HOU 2:3	
	3. SE)	(4 RACE		5 DATE C			GE (IN YEARS LAST BI	RTHDAY)	IF UNDER	DAYS	IF UNDER	24 HRS
		M	В		MONTH 6	25 25	6	51	YRS.	MONTHS	DATS	HOURS	MIN.
2		RTHPLACE STATE OR FOREIGN N.C.		WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED	9 BA	BALTIM			TH		MD.
5	1	TY OR TOWN OF DEATH BALTIMORE	MARYI	LAND GENI	eral	HOSPITAL	(TYPE	USUAL OCCUPAT OF WORK FOR MOST () NGSHOREN	OF WORKING LI			BUSINE	SSOR
C	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b COLLB		GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTO.		13d INSIDECITY LIMITS YES \ NO		TREET ADDRESS	ZIP CODE	AVE	2	1218	
gan.	14. FA		MIDDLE	ŁAST	-1-6	15. MOTHER'S MAIDEN	NAME	MIDDLE			LAST		
)	ADAM		TURNAGE,		ELIZABETH				BEA	RD		
8		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	16b SOCIAL SECU		17. INFORMANT		ADDR				010	
		YES		21816168	34	VERA E. T	URNAG	E 2244 (SUILF O			212	
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((c)_	R AS A CONSEQUE		NOT RELATED TO THE TI	ERMINAL I	DISEASE OR CON	DITION GIV	/EN IN PA	ART Ira		
	NOI											201	
1	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		a AUTOPSY?	20b. IF YES	FYING CA	FINDIN AUSES	GS USED OF DEAT	H?
1		2] a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJL	IRY IN ITEM 18	PART 1 OR P	ART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STE	OF INJURY REET, FACTORY, OFFICE F	FARM, ETC.)	21f LOCATION STREET		CITY OR TO	OWN	COUP	MIA	5	TATE
		224.1 certify that (this haspi saw the deceased alive on abave (1) (we) (did) (% (1)	JANUAR!	28, 19	JANUA 87	RY 20, 19 (aur) apin	ion death	occurred on the d		19 Or	, t		we) lost
			Long	Chen		DEGREE ATTENDING PHYSICIAN	G ME	DICAL STA		224.		SIGNED 8-0	97
		22d PHYSICIAN'S NAME (TYPE O		CHEN, N	n. D.	c/o MARY	LAND	GENERAL	HOSP	ITAI			7
	23a. B	URIAL, CREMATION, REMOVAL BURIAL	23b. DATE 1/31			EMETERY OR CREMATOR	RY 23	ULOCATION OWINGS M	ILLS	COUNTY		MD s	TATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR MARCH FUNERAL HOME 110TE. NORTH AVE.

OWINGS MILLS 250. DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE

MD

SEALANT 28, 2500

(VRA 15, 4)

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moy be

within 24 hours ofter

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0	REG. NO.	O	1	7	3	84

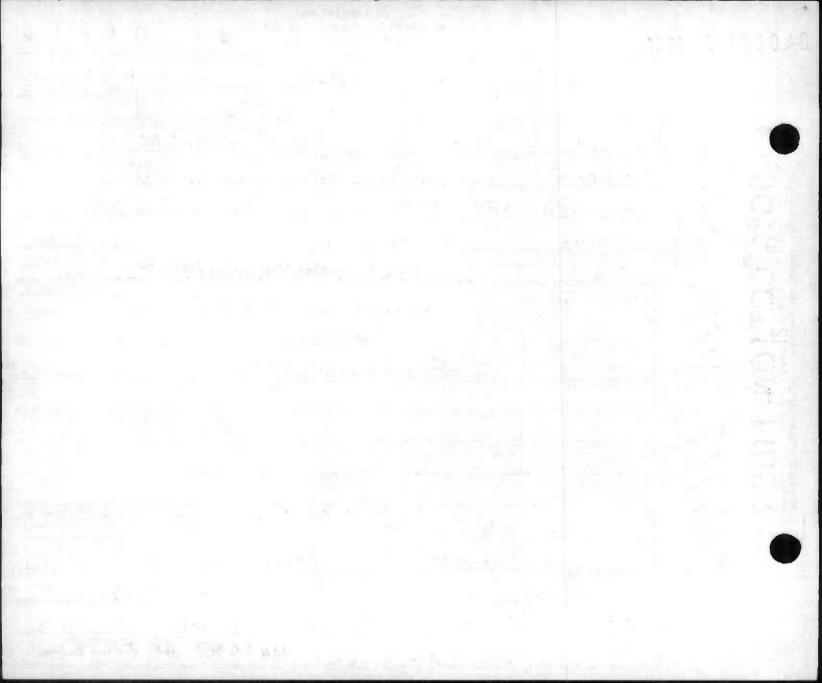
I. DEC	REGISTRAR			CERTIF	CATE OF DEATH	O	REG. NO).	, , ,	1 0
	EASED NAME FIRST		Aloofe	L	AST	20. DATE OF D	EATH /	HINON	DAY YEAR	26 HOUR
	VANI	CE.		Ti	IRNER			1	11 8)	2:56-PA
3 SEX	E	4. RACE	R	5 DATE C	OAY YEAR	3 X	RS LAST BIRTI	HDAY}	MONTHS DAYS	
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	DUNTRY) DNC.	V	SA	MARRIE	DIVORCED T	BAY	_ /	CMY		MI
10 CIT	Y OR TOWN OF DEATH		OSPITAL, NURSIN		ROTHER INSTITUTION	12a USUAL OC				OF BUSINESS OR
	BALTIMORE	Sou	TH BANT	, GEN	1. HOSP.		MPLO		Sicilianosiki	
USUAI 13a. ST	L RESIDENCE (IF NURSING HOM	OUNTY	136. CITY OR TOW	N AOMISSION	13d. INSIDECITY LIMITS?	13e.STREET AD			A - I	21212
4 FAT	THER'S NAME	101.644	BAL		YES NO	SAO	MIN	MOTE	1 HAS	
	WALTER	WIDOLE	TURN	EP.	MILDRE		MIDDLE		GA	RRISON
	AS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES	SS	4	91214
(YE	ES, NO OR UNKNOWN) (IF YES	GIVE WAR OR OATES)	21653	5355	MILCIPEST	URDUR	536	tui	NSWY	Ave.
	18 CAUSE OF DEATH (Ente	only one couse per	line for (o), (b), on	d (c+.)	. /				APPRO	XIMATE INTERVAL NONSET AND DEATH
	PART I. DEATH WAS CAL	DIATE CAUSE (a)	CARD	IOPVL	MONARY +	MICES	1			
		DUE TO, OR	R AS A CONSEQUE	NCE OF						
	Conditions, if ony, which gove rise to immediate	(b)	-		DEPSIS					
	couse (a), stating the underlying cause lost.		AS A COMEOUE	11 -	VIS	seuc				
	onderlying coose iosi.	107	ssino	CIPL	ORA-RED	3 -01.				
	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CO	NTRIBUTING TO [DEATH BUT			or cond	ITION GI	IVEN IN PART 1	lo
	PART 2. OTHER SIGNIFICAN							20b IF YE	ES, WERE FIND	INGS USED
					NOT RELATED TO THE TER/	AINAL DISEASE		20b IF YE		INGS USED
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MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERSYING OR CONTRIBUTING CAUSE OF LIFE THER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM OF LIFE OF	19b. CONDI 19b. CONDI 21b. TIME OI HOUR A.A P.A 21e. PLACE (AT HOME, STRI	FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TER/ N WAS PERFORMED 21c. HOW INJURY OCCUS 21l. LOCATION STREET 19 d that in (my) (our) opinion	200 AUTOP	NO CO	20b IF YE IN CERTI Y Y IN ITEM 18	ES, WERE FIND IFYING CAUSE ES PART LORPARI ?) COUNTY	INGS USED S OF DEATH? NO STATE , that (I) (we) lost e couses stated
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DHMH - 16 60M 7/84 (VRA 15, 4)

etoined by the hospital or attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN: The

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban pages? Pages 1 and 2 should be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial. cremation, or removal.

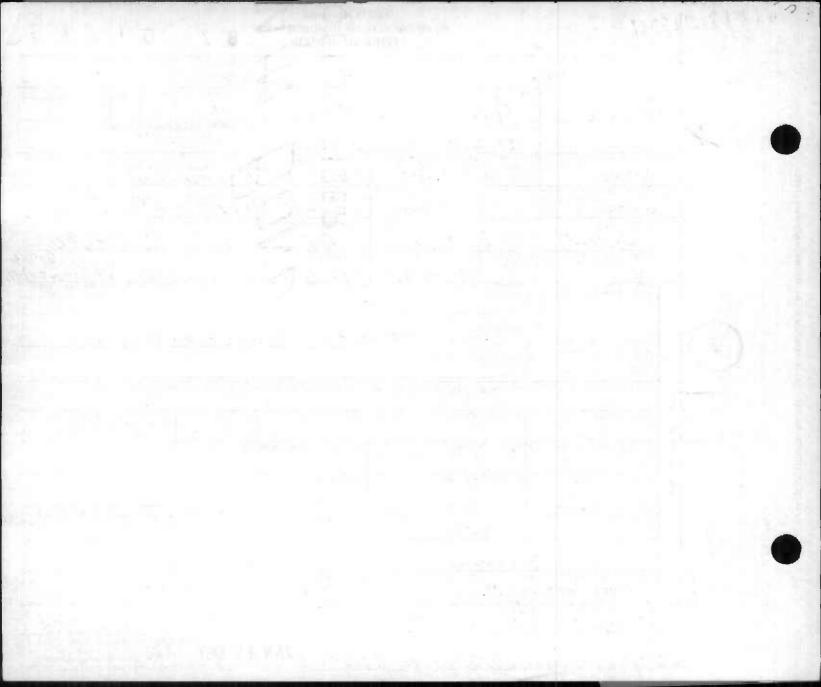


41	2 JA	12	FOR7 STATE REGISTRAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 7	01/14
ω. τ			CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26 HOUR
dead		2.05	Minnie		Tyree	January	16 1987 4:05 pm
rector page 3 bys after death	0	3. SE	Temple	Col.	S DATE OF BIRTH MONTH 2-3 - 17	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
in 12 ho	Jan		RTHPLACE (STATE ORFOREIGN 76.	U. S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city o	re City
by the fu	48			NAME OF HOSPITAL, NURS INC. (IF NOT IN SUCH FACILITY, GIVE STREET A Maryland Genera	GHOME OR OTHER INSTITUTION (1) HOSpital	12a. USUAL OCCUPATE	
filled in ould be	must be	13a. S	AL RESIDENCE (IF NURSING HOME OR OT TATE 13b COUNTY		1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	VZIP CODET 21216
mpletely ond 2 sh	exomine	14. FA	Albert MID	whiche	15. MOTHER'S MAIDEN NA	ME	Whithee
Poges 1	medical		VAS DECEASED EVER IN U.S. ARME (ES. NO OPUNKNOWN) (IF YES, GIVE W	AR OR DATES) 23/-05-	1994 Mrs Father	ADDRE	12 - 111 + 2126
plear in the amount physic	or other traversate event, th		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	Due to, or as a consequent of the to	y Failure NCE OF ifferentiated card		
Then Then	2	NO	PART 2. OTHER SIGNIFICATOR COL	NOTITIONS CONTRIBUTING TO D	EATH BOT NOT RELATED TO THE TERM	TINAL DISEASE OR CON	DITION GIVEN IN PART TO
hos	Sows any	CERTIFICATION	19a DATE OF OPERATION	1%. CONDITION FOR WHICH (OPERATION WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
certificate rial-trans	or Hem 18 sh	1.5	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER]	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR 19	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)
	orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TO	WN COUNTY STATE
CTOR A	. 21 is m		220.1 certify that A (this haspital saw the deceased alive on above, M (we) (did) (dishibit) v	attended the deceased from 18 anuary 16, 19 8		ta January death accurred an the do	16 , 1987 , that ** (we) last ate and haur and from the causes stated
ERAL e det	ANT: If Item		226. SIGNATURE POWER AND THE STORE OF THE S	mom	DEGREE M ATTENDING PHYSICIAN [MEDICAL STAI DIRECTOR PHYSIC	22. DATE SIGNED 121. DATE SIGNED
TO FUN	MPORT		Henri Nammour	, M.D.	c/o Maryland	General Hos	spital

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

COUNTY



STATE OF MARYLAND		STAT	E OF	MAR	YLAND
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ı	1 -	FOR STATE		DEPA		EALTH AND MENTAL HYG	IENE Q	0	1 7	5
	14	REGISTRAR				ICATE OF DEATH	REG. N			1 - 1
		CEASED NAME BIRST OR PRINT) BARBA		Lee	UD	ovich	2ª DATE OF DEATH	MONTH D	7 87	935 pm
١	3. SEX	+_ 1	RACE		5 DATE C	DAY - YEAR .	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 2 HRS
		emale		hite	10	15 46	40	YRS	05 05 0711	
1	C	OUNTRY)		WHAT COUNTE	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C		OFDEATH	
7		aryland TY OR TOWN OF DEATH	U.S.A.	HOSPITAL, NUR	WIDOWE SING HOME C	DR OTHER INSTITUTION	Baltimore		126. KIND O	MD. F BUSINESS OR
1	B	altemore	Si	HEACILITY, GIVE ST	108 b1	tal	Secretary)F WORKING LIFE	State	
-	13a. S	RESIDENCE (IF NURSING HOME OR O TATE 136 COUNT Pryland Balti	Υ	Roseda	OWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	21237	
1	14. FA	THER'S NAME	IDDLE	LAST		15. MOTHER'S MAIDEN NA/	ME MIDDLE		LAS	1
7	A		liam	Furs	t	Lena	A.		Iaca	rino
1			ED FORCES? WAR OR DATES)	219-44		Thomas M. Ud	ovich, Sr.		as 13e	
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate	BY: CAUSE (o)	R AS A CONSE	ioves	ic Breast	vost Concer		BETWEEN C	MATE INTERVAL ONSET AND DEATH
		couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	(c)	R AS A CONSE		NOT BELATED TO THE TERM	UNAL DISEASE OF CON	IDITION GIVI	EN IN PART LI	
	Z O	TAKE 2. OTHER SIGNAL CANTE	51451116143 <u>C</u>	OIVINIDO III VO	TO DEATH DOT	THE TEXAS	WAL DISEASE ON CO.	DITION ON C	El visa Paller III	
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20€ AUTOPSY?	IN CERTIFY	S, WERE FINDIN YING CAUSES S []	OF DEATH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		DE INJURY M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCURE				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
		220. I certify that (I) (this hospital sow the deceased alive an above, (I) (we) (didn (blid not)			9, 0	nd that in (my) (our) apinion	, to death occurred on the d	ate and hour		that (I) (we) lost couses stated
	(- Wan Ja	larr	age	no	ATTENDING PHYSICIAN	MEDICAL STA		224. DATE	[5] 87
		SUAN 6	ALAI	22AG	A	SINAL	HOSPI	MAL	-	
		SURIAL, CREMATION, REMOVAL	236. DATE 01/13/			od Cemetery	Baltimor	e, Mar	yland	STATE

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BP.

14. FUNERAL DIRECTOR
Leonard J. Ruck, Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

JAN 1 2 1987

Julia

The two of sales and sales The state of the s mineral A. Mini Thank milities during The co-will Minapa M. Dievich, Sr. on as its 42. C/1 - 12.

MAN THE STATE OF THE PROPERTY
certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires the transition of the total the transition of the

retained by the haspital or attending physician.

may be

	STATE OF MARY
01.1220 T- 120 0 FPR	DEPARTMENT OF HEALTH AN

LAND D MENTAL HYGIENE

8	REG.	NO.	0	1	1	1	6
TE OF	DEATH	MONTH	DAY	YEAR	21	HOUR	_

I DECEASED NAME FIRST MIDDLE LAST ZO DATE OF DEATH MONTH DAY YEAR	26 HOUR
Ethel L. Uhlfelder January 16, 1987	7 35 A
3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YE	
Female White Feb. 5, 1894 92	
BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
Maryland U.S.A. WIDOWED DOORCED Baltimore City	
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KINI (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OF BUSINESS
Baltimore Edgewood Nursing Home Homemaker	
USUAL RESIDENCE (IF NURSING DIME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Maryland 131. CITY OR TOWN Baltimore 132. INSIDE CITY LIMITS? 133. STREET ADDRESS / ZIP CODE 5501 Sagra Road	21239
If FATHER'S NAME David S MOTHER'S MAIDEN NAME IS MOTHER'S MAIDEN	öhnson
9 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
(YES, NOORUNKNOWN) (FYES, GIVE WAR OR DATES) 213-74-0956 Earl E. Uhlfelder 5501 Sagra Rd.	
18 CAUSE OF DEATH :Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	OXIMATE INTERVAL EN ONSET AND DEA
IMMEDIATE CAUSE 10) RIOLAGE A MISSION ENGLISHED	
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which (b) Compalyse stall	
gove rise to immediate	
couse (o), stating the underlying couse lost	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1.
	110
THE DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FIN IN CERTIFYING CAUS YES NO YES 216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM IS PART TO PART	DINGS USED
IN CERTIFYING CAUS	ES OF DEATH?
YES NO YES 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM IS PART TOR PART	NO 📗
TO COMPANY THE COURT OF STATE I HOUR A.M. MONTH DAY YEAR	
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
THE CONTRIBUTION OF CAUSE OF DEATH OF CONTRIBUTION	STATE
WHILE NOT WHILE AT WORK	0.00
201 certify the 1 his hospital ottended the deceased from 9/29 19 86 to 1/16 1987	_, that (()(we)
2 and the destination of the body offer death.	he couses stated
	TE/SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	16/87
22d PHYSICIAN'S NAME (TYPE OR PRINT)	
Alicia A. Cool-Foley MD 201 E. University Pkwy. Baltimo	re, Md.
236 BURIAL, CREMATION, REMOVAL 236 DATE 1 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	57.46
Burial Jan 19 1987 Oak Lawn Cemetery Baltimore	Marylar
24 FUNERAL DIRECTOR 250. DATE-REC'D. BY REGISTRAR 256 REGISTRAR'S SIGN	
Leonard J. Ruck, Inc. Baltimore, Maryland 18987 -	1. 0

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. N	10.	1	1	1	1
TEOE		ALCONITA:	DAY	VEAG	10 1101	ID.

	ECEASED NAME FIRST								
(TYP	PE OR PRINTI		MIDDLE		AST	20. DATE OF DEATH	MONIH	DAY YEAR	2b. HOUR
1.0	Marior	n E.		UNDE	ERWOOD	Januar	y 25	1987	4:00a
3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	Female	Whit		Oct		88	YRS.		
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY	? 8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY			
_	Naryland	U.S		WIDOWE	DIVORCED	Baltimor			M
3.7	CITY OR TOWN OF DEATH		HOSPITAL, NURSI H FACILITY, GIVE STREE		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
	Baltimore		vood N.			Homemal	ker.	Own	Home
	JAL RESIDENCE (IF NURSING HOME O STATE 13b. COU	NTY	13c. CITY OR TO		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
	Md.		Balto.		YES NO	360 E. E	Belyed	lere A	ve.2121
	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LA	ST
	<u>William</u> H.		Rowe		Adele	Μ.		ardner	`
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDR			
	No		215-68	-1557	Ethel E. H	lauser	Ba		Md.
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per	-		1 1	1		BFTWEEN	ONSET AND DEATH
		TE CAUSE (0)	LAK	DIOD	u/ NRRE	5/		14	100
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OI	TP LEE	1/0SC	12ROTIC	Cardio V	s. US		rs
ATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OI	ONTRIBUTING TO	DEATH BUT	e	NINAL DISEASE OR CON	ADITION GIV	EN IN PART TO	
TIFICATION	gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OI	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM NOT RELATED TO THE TERM NOT RELATED TO THE TERM		20b. IF YES		NGS USED
CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	CONDITIONS CC	DNTRIBUTING TO	SEAS (e	200 AUTOPSY? YES NO M	20b. IF YES IN CERTIF YES	EN IN PART 10 5, WERE FINDI YING CAUSES S []	NGS USED 5 OF DEATH?
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINITY	CONDITIONS CO	DNTRIBUTING TO	SEAS (N WAS PERFORMED	200 AUTOPSY? YES NO M	20b. IF YES IN CERTIF YES	EN IN PART 10 5, WERE FINDI YING CAUSES S []	NGS USED 5 OF DEATH?
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	CONDITIONS CO	DNTRIBUTING TO	DEATH BUT SCAS H OPERATION DAY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO M	20b. IF YES IN CERTIF YES URY IN ITEM 18 P.	EN IN PART 10 5, WERE FINDI YING CAUSES S []	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINITY	CONDITIONS CO	DNTRIBUTING TO TO DO TRIBUTING TO TO DO TO THE THE TO TH	DEATH BUT SCAS H OPERATION DAY YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCCURS	200 AUTOPSY? YES NO ENTER NATURE OF INJURE	20b. IF YES IN CERTIF YES URY IN ITEM 18 P.	EN IN PART 1(), WERE FINDI YING CAUSES S ART OR PART 2)	NGS USED 5 OF DEATH? NO
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK 22a.1 certify that (1) (this has)	CONDITIONS CO	DNTRIBUTING TO LITION FOR WHICE FINJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE e decepsed from	DEATH BUT SCAS H OPERATION DAY YEAR 19 FARM.ETC)	N WAS PERFORMED 21c. HOW INJURY OCCURF 21l. LOCATION STREET	200 AUTOPSY? YES NO ENTER NATURE OF INM	20b. IF YES IN CERTIF YE: URY IN ITEM 18 P	EN IN PART 1(), WERE FINDI YING CAUSES 5 ART OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINI 22a. I certify that (I) (the host saw the deceased dive o obove, (I) (west divid (dd.))	CONDITIONS CO I9b CONDITIONS CO I9b CONDITIONS CO ATH ATH ER) Zib. TIME O HOUR A.I ER) Zib. PLACE ((AT HOME STR	DITRIBUTING TO TO TO THE PROPERTY OF THE PR	DAY YEAR 19 .FARM.EIC)	N WAS PERFORMED 21c. HOW INJURY OCCURS 21l. LOCATION STREET 19 10 d that in (my) (2017 opinion of	200 AUTOPSY? YES NO ENTER NATURE OF INM	20b. IF YES IN CERTIF YE: URY IN ITEM 18 P	EN IN PART 10, WERE FINDI YING CAUSES S	NGS USED SOF DEATH? NO STATE that (I) (weeklas causes stated
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (I) (the host sow the deceased alive of the couse o	CONDITIONS CO I9b CONDITIONS CO I9b CONDITIONS CO ATH ATH ER) Zib. TIME O HOUR A.I ER) Zib. PLACE ((AT HOME STR	DITRIBUTING TO TO TO THE PROPERTY OF THE PR	DAY YEAR 19 .FARM.EIC)	N WAS PERFORMED 21c. HOW INJURY OCCURE 21l. LOCATION STREET 19 Add that in (my) Control of the period of the p	206 AUTOPSY? YES NO RED (ENTER NATURE OF INJECTITY OR TO Death occurred on the company of the c	20b. IF YES IN CERTIF YES URY IN ITEM 18 P	EN IN PART 10, WERE FINDI YING CAUSES S	NGS USED OF DEATH? NO
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MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 3. OTHER MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK 22d. I certify that (1) (this has) sow the deceased alive a obove, (1) (west did (did in 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (19PE)	DUE TO, OI CONDITIONS CO 19b CONDI 19b CONDI 21b. TIME O HOUR A. HOUR A. (AT HOME STR OI) view the body OR PRINTS ABOLE OR PRINTS	DNTRIBUTING TO TION FOR WHICE FINJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE deceased from 2 ofter death.	DAY YEAR 19 ,FARM, ETC)	211. HOW INJURY OCCURS 211. LOCATION STREET 211 LOCATION DEGREE ATTENDING PHYSICIAN 222. ADDRESS	200 AUTOPSY? YES NO ENTER NATURE OF INJURE CITY OR TO death occurred on the of DIRECTOR PHYSI	206. IF YES IN CERTIFY YES	EN IN PART 1(), WERE FINDI YING CAUSES 5 COUNTY 19 22c. DATE 27 28	NGS USED SOF DEATH? NO THAT I WE HOS causes stated SIGNED STATE

Henry W. Jenkins & Sons Co. Balto., Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

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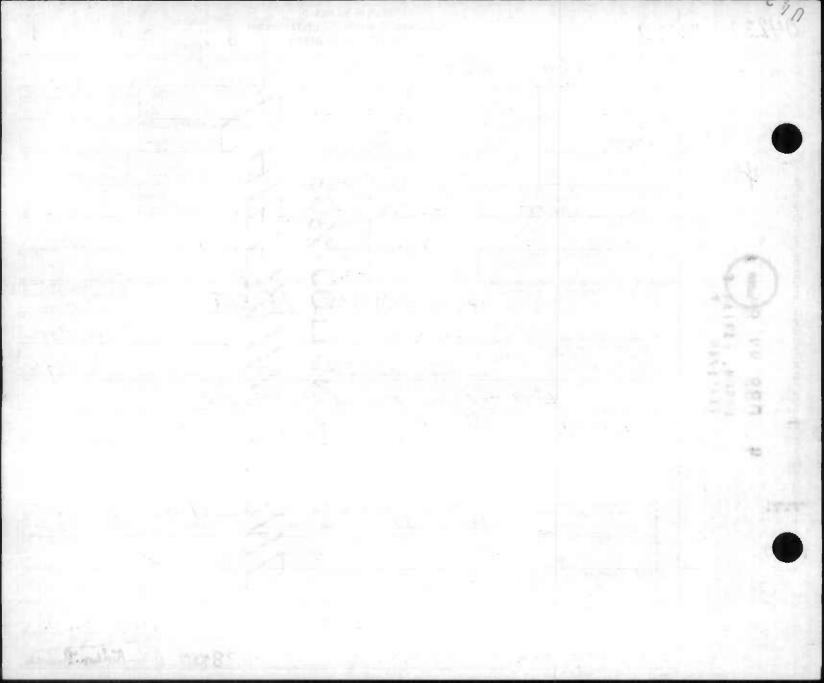
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1119000		ECOR				OF MARYLAND						
042328 JAN	30	STATE REGISTRAN		DEPA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG. NO.	0	1 7	-	8
1 71		CEASED NAME FIRST MARIAN	EL	IZABETH	-	AST NRUH			NTH DA	Y YEAR	26 HOU	JR P
1 24	1.58	MART	A RACE	E	5 DATE C	RUH F BIRTH		ARY 24	1987	UNDER I YEAR	3 45 IF UNDE	M 24 HRS
t of the state		FEMALE	WHITE		MONTH			38	YRS	NIHS DAYS	HOURS	MIN.
B 40 01		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIM	ORE CITY OR		FDEATH		
		MARYLAND	USA		WIDOWE			TIMORE	CITY			MD.
。 业 艺	1	ALTIMORE	(IF NOT IN SUC	H FACILITY, GIVE ST		OR OTHER INSTITUTION	TYPE OF WO	LOCCUPATION ORK FOR MOST OF W TIES WORK	ORKING LIFE)	126 KIND C INDUSTRY HANDICA		
A hour	USU 13e. S	AL RESIDENCE (IF NURSING YOME COL	OR OTHER INSTITUTION	13c. CITY OR T	OWN	13d INSIDE CITY LIMITS?	13e STREET	ADDRESS / Z	IP CODE	ITANDICA		
Y I	14 1	MD HAR	FORD	HAVRE	de GRACE	YES X NO		BOURBON S	TREET		21078	3
AARY	0	KENNETH	MIDDLE	LAST UNRUH.	SP	PIRST DOROTHY	AME	MIDDLE V.		ŁA!	vARD	
H. A. H.		VAS DECEASED EVER IN U.S. A	RMED FORCES?	16h SOCIALS		17. INFORMANT		ADDRESS			IFIRD	
OWIL CAN DELL'A	-	NO	IVE WAR OR DATES)	217 62		MRS. DOROTHY V.			SAME AS			
T. BAL		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	inly one couse per ED BY:	ARDIO	PULM	DNARY A	RES	T			MIN INTER	
oth ce		Conditions, if ony, which		R AS A CONSE					1	12	da	15
W. PRE		gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, OF	R AS A CONSE	QUENCE OF	EED				4	da,	15
VISION OF VITAL RECORDS, 201 3 PHYSICIAN The long-country the found the burnel former from the burnel from the	NOI	PART 2 OTHER SIGNIFICANT	13 18 -	PATIC		NOT RELATED TO THE TERM			ION GIVEN	IN PART 1	0 /	
AL RECO	TIFICATION	12/11/86			raf sma,	NWAS PERFORMED NOWE Desfor	JA YES [VERE FINDIA NG CAUSES		TH?
DE VII.	AL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	M. MONTH	-	21c HOW INJURY OCCUI	RRED (ENTER !	NATURE OF INJURY H	NITEM 18 PART	T OR PART 2)		
VISION G G PHYSIG	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINITY OCCURRED NOT WHILE AT WORK	21e PLACE			211 LOCATION STREET	1	CITY OR TOWN		COUNTY	S	STATE
TO OF ATT		22a. I certify that () (this has	n F/2	4	0 -7	d that in (aur) apiniar	to	1 2 s	and hour o	86,	that in (we) last
AL OR ATT the hosp AL DIRECT etoched for the Dept. o		above, & (we) (did) (did) (did) (did)	y view the body	ofter death.		DEGREE ATTENDING PHYSICIAN	MEDICA			22c. DATE		
O FUNERA Double by double		22d. PHYSICIAN'S NAME NATI		NRA	}	122- ADDRESS		PKINS		PITI	40	
25 -2131	23a. I	BURIAL, CREMATION, REMOVA	L 23b. DATE	1	3c. NAME OF C	EMETERY OR CREMATORY	23d. LOC	ATION		OUNTY		LATE
BP		BURIAL	28JANUAI	RY87	ANGEL HI	LL CEMETERY		E de GRAC	CE, HAR	FORD CO		
DH44H 14 4044 7/84	24 F	UNERAL DIRECTOR				25e. DA	TE REC'D. BY	REGISTRAR 251	REGISTRA	R'S SIGNAT	URE	

DHMH - 16 60M 7/84 (VRA 15, 4)

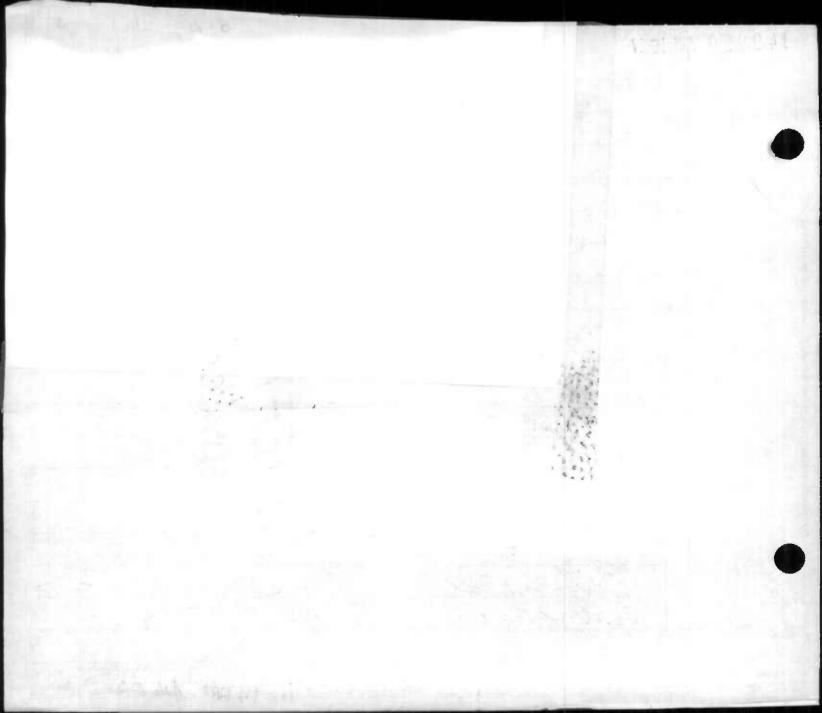
MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD.



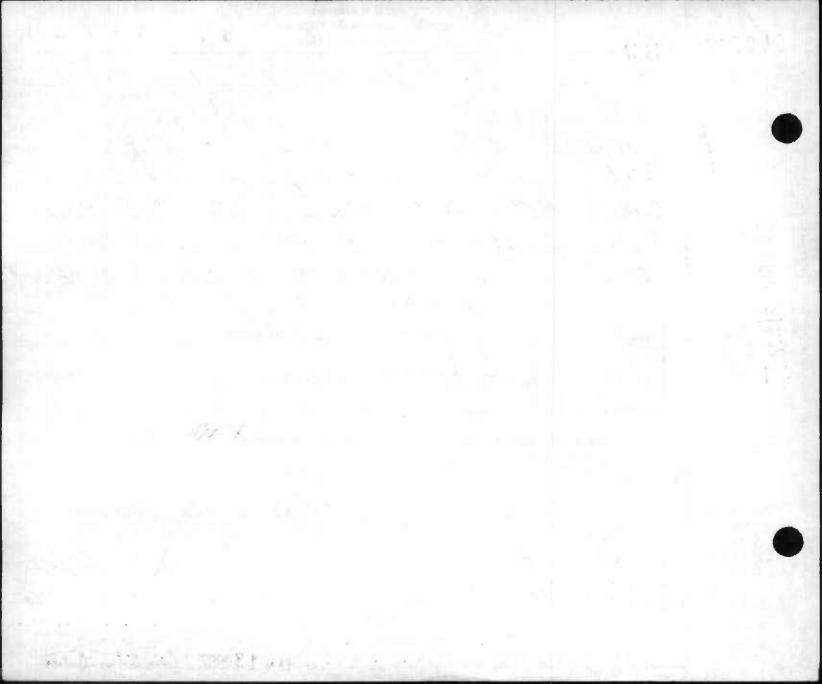
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ay be ooge 3 death	1117	John	F.	Urb	anski	January 11	, 1987
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T 80		Male	White	May 2	, 1909 YEAR	77	YRS MONTHS DATE HOURS MIN.
1 33/ m		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUP	NTDV2 8		9 BALTIMORE CITY OR	
A K KS		Md./	U.S.A.	WIDOWED	NEVER MARRIED DIVORCED	Baltimore	City
6 / 1	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	JURSING HOME OR		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
1 11 DL	E	altimore	31 N. Montfo	ord Ave.		Electrician	VORKING LIFE) INDUSTRY
thou do be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY			3d INSIDE CITY LIMITS?	13e STREET ADDRESS / 2	ZIP CODE
n 24 h filled hould b	1	ld.	Ba1	timore	YES 📉 NO 🗌	31 N. Montf	
d within ipletely and 2 sh	14. E	ATHER'S NAME FIRST	MIDDLE LA		MOTHER'S MAIDEN NA	MIDDLE	(AST
9 5	1	Unknown	Urbans	ski	Unknow		1 001
n ond co		WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL	L SECURITY NO 1	7 INFORMANT	ADDRESS	
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physicia onpopers emovol.		18 CAUSE OF DEATH Enter or		(b) and (c			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ding physics orbompoper or removal.		PART I. DEATH WAS CAUSE	TE CAUSE (0)	RASROVAR	ulan Acci	drivel	immadiates
			DUE TO, OR AS A CON	SEQUENCE OF			
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the em		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF			
# 5 8 7 #		underlying couse lost.	DOE TO, OK AS A CON.	SEQUENCE OF			
gned b n pleos buriol, ry, or o		PART 2 OTHER SIGNIFICANT		G TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	TION GIVEN IN PART 110
The to	CERTIFICATION	No					
beer mit.	S.	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION	WASPERFORMED		Ob. IF YES, WERE FINDINGS USED
The lo	E	NONA				YES NOW	N CERTIFYING CAUSES OF DEATH? YES NO NO
S PHYSICIAN: The Interding physicion. In this certificate hose the buriel-tronsit per ond Mental Hygiene and artern 18 shows	T E	210. ACCIDENT WAS UNDERLYING			It HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	
ending physical this certifical that burial from a Mental Hyd ar Item 18	AL	OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR			
ding ding ding ding	WEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	2	III LOCATION		
Oling Property After the ce of the old marked	W	WHILE NOT WHILE	(AT HOME STREET FACTORY, C	OFFICE FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
Se o se o mar		220.1 certify that (1) (this haspi	tal) attended the deceased t	from 5	19.80	to PRAJE	19, that (we) last
or or or of He		sow the deceased alive on	_12/19	47	that in (my) (our) opinion	death accurred on the date	and hour and from the causes stated
on All birect Direct Chept. of them 2		22b. SIGNATURE	t view the body ofter death.	DE	GREE		226 DATE SIGNED
4 , 5 0 -		1/1/1			ATTENDING	MEDICAL STAFF	11/-
SPITAL J by th NERAL be dett e Stote		224. PHYSICIAN'S NAME (TYPE O	R PRINT)	12	2e ADDRESS	DIRECTOR PHYSICIAL	
P FU		Ronald w	GECKLAN		301 SEPAUL	IPI BA	Girona mo
0 å 5 å ₹ ₹ <u>₹</u>	230	BURIAL, CREMATION, REMOVAL	23b DATE	23¢ NAME OF CEM	METERY OR CREMATORY	23d. LOCATION	
BP		Burial	1-14-1987	Meadowri	dge Cem.	Baltimore	COUNTY STATE
DHAM 14 40M 7/R4	24 F	UNERAL DIRECTOR					D. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial | 1-14-198/ | Meadowridge Co



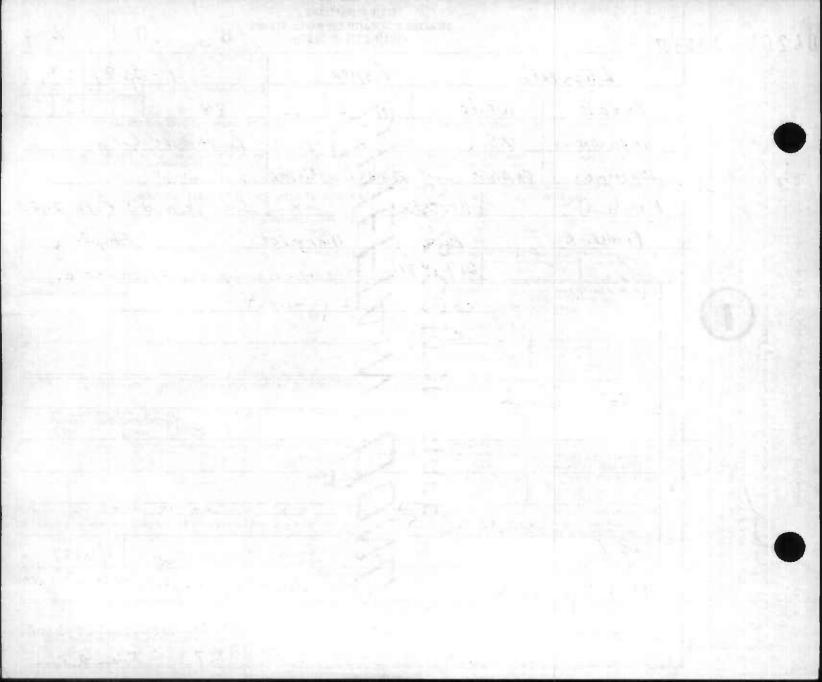
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9 74		Of the T	R.	1/00 -	TO DATE OF BEATH	1/87 1/20
moy b	Y SE	Ocorg e	14. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	/ / / MI
4 14 1	100	Note	(//hite	MONTH DAY YEAR	01	MONTHS DATS HOURS MIN.
Poge		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTE	XY? 8		VRS UNITY OF DEATH
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o offer	1	Ball	South Ball	SING HOME OR OTHER INSTITUTION SEEF ADDRESS) HIMCH GON. HOSP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	KING WEI INDUSTRY Be thich &
24 hou		AL RESIDENCE (IF NURSING HOME STATE		FORE ADMISSION) 13d INSIDE CITY LIMITS? YES YES NO	13e STREET ADDRESS / ZIP	Steel Steel
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So the South	1	John	MARCE	EL12A1	DETH	CHESTNUT
Meetuten Mining and 2 medical examination	16a \	VAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SOCIAL SE	ECURITY NO. 17 INFORMANT	ADDRESS	
9	N		2150	94573 MEDICAL	Records	South Batt. GAL
4 4 4		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		land is a land of the land of	, 0470,77	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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another anothe			DUE TO, OR AS A CONSEC	OVENCE OF	Hen.	
Trout trout		Conditions, if any, which gave rise to immediate	(b) Care	are arrang	noma	
L TIL		couse (a), stating the underlying cause last	DUE TO, OR AS A COLLEGE	308-19 D		
1 1 1			(c)	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	IN GIVEN IN PART LIG
t significant	NO	THE CONTENT OF THE CANA	CONTONIO CONTINUO I	O DEATH DOT NOT RELATED TO THE TEN	MINAL DISEASE ON CONDINO	TO THE THE THE THE
beer mit.	FICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
The licion.	E				YES	YES NO
IG PHYSICIAN: T ottending physici ter this certificate is the buriol-transitional and Mental Hyginked or Item 18 sh	CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART OR PART 2)
ding phases certifications of them 1	CAL	(IF EITHER NOTIFY MEDICAL EXAMI	P.M.	19		
ATTENDING PHYSICIAN: Supplied or ottending physicial SECTOR, Adher this certificial discusses in the buriol-trans t of Health and Mental Hy n 21 is marked or Item 18	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFI	CE, FARM ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
OING P or offer the e os the offh one morked		AT WORK AT WORK		<u> </u>		
END tolo OR: A THEO		22a I certify that (1) (this has sow the deceased alive	pital attended the deceased fro	~ 2/ / .		nd hour and from the causes stated
		obove, (New ridid) (did	nat) your the body after death.		death occurred on the date or	
0 0 0 00 #		776 SIGNATURE	and the	DEGREE	MEDICAL STAFF	JIN. DATE SIGNED
by the by the by the by the second derivation of derivation and the second derivation and the se	1	214 PHYSICIAN'S NAME (IV	1006	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	1/1/8/
S P 4 F 4 F		7-1	Tartes	Sa h	12.14=	C . 1 11.
retained TO FUN should b	720	BURIAL, CREMATION, REMOV	AL 23b DATE 2	3c. NAME OF CEMETERY OR CREMATORY	123d LOCATION	2=N=(4) 1705p
BP		(SPECIFY) Burial	1 1	Cedar Hill Cemete	CHILDREN SOLVES	e, AOUNA. Co., STATEMd.
	24 F	UNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256. R	
DHMH - 16 60M 7/84 (VRA 15, 4)	M	ccully Funer	ADDRES	to .Md .21225	1 4 3 1007	A Prince of the
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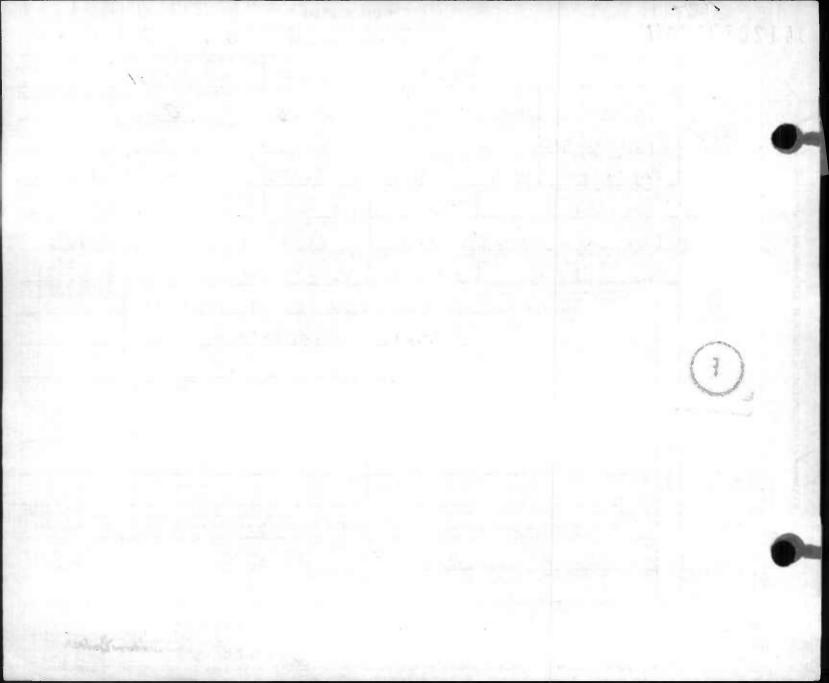
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2010	CI 4	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	O. 1	-	and the same of th
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
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5			D FORCES? 166 SOCIAL SECU		ADDRE	SS	ANI	50
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tot (Table)		underlying couse lost.	(c)					
S . S	z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1 o	
req in	Tion	19a. DATE OF OPERATION	THE CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER	E EINIDINIO	SC LICED
n. n. perm	IFIC/	196. DATE OF OPERATION	179 CONDITION FOR WAICH	OPERATION WAS PERFORMED		IN CERTIFYING	CAUSES O	F DEATH?
N: The real property of the re	CERTIFICAT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURR	YES NO	YES THE PART I OF	R PART 21	NO [
CIAN:		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA					
HYSI Iding buring ce buring Area or Ite	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TO		PUNTY	STATE
offer the sthe sthe rked	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE F	ARM, ETC) STREET	CHYGRIG	WN	JUNIT	SIAIE
A A A A A A A A A A A A A A A A A A A	3	22a.1 certify that (I) (this haspital	ottended the deceased from_	, 19	, to		, th	ot (I) (we) lost
Spito Spito CTO for of H	9	sow the deceased alive on obove, (I) (we) (did) did not) v	new the body ofter death.	, and that M(my) (our) opinion o	death accurred on the do	te and hour and t	from the co	ouses stoted
OR A DIRE Doched Dept		226. SIGNATURE	Ch	DEGREE	MEDICAL STATE		2c. DATE SI	IGNED
by the by the by the cedeto cedeto		tim (Muley	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		1/1.	2/81
od be d be d be d be she she she she she she she she she sh		22d. PHYSICIAN'S NAME (TYPE OR PI	RINT)	22e ADDRESS	11- 12:	N	/	,
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	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	234 LOCATION	COUN	MIA	STATE
BP		Burial UNERAL DIRECTOR	1/17/87 K	ing Mem. Pk.	Randalls		- A	Md.
DHMH - 16 60M 7/84	Z4 F	NAME	ADDRESS	P M All	6 1987	Sh. Radisi PAR'S	MAIN	
(VRA 15, 4)		W.C. March F.H.	4300 Wabash Ave	JAN	V 1001 0		2	



STATE OF MARYLAND

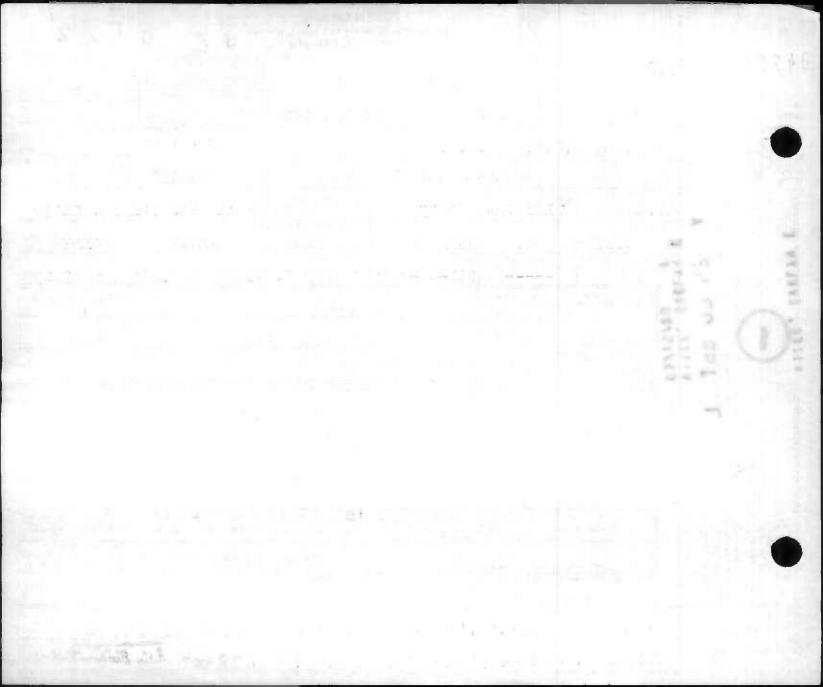
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	1 - :	FOR STATE REGISTRAR			DEPARTA		CATE OF E	MENTAL HYG DEATH	IENE 8	REG. NO.	0	1 /	2 4
2 JAN 2	DEC	ASED NAME	FIRST		MIDDLE	1,	LST .		20 DATE OF	DEATH MO	D HTMC	AY YEAR	26 HOUR P
9 0	JIVE 6		EVELYN		EDITH	V	ITEK		JANUA	RY 24,	1987	7	4:58 "
	3 SEX		4 RA	CE		5. DATE O			6 AGE (INY	EARS LAST BIRTHD		FUNDER I YEAR	IF UNDER 24 HRS
-	* 1/2	FEMALE		WHI	TE	MARC		1920	66		YRS	ONTHS DAYS	HOURS MIN.
NI		HPLACE (STATE OR F	OREIGN 76 C	ITIZEN OF	WHAT COUNTRY?	8.	X NEVER	MARRIED T	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH	
1/	WA	SHINGTON	V,D.C.	U.	S.A.	WIDOWE		VORCED [BALTI	MORE C	ITY		MD
かっ	y .	OR TOWN OF DEA		IF NOT IN SHO	HOSPITAL, NURSIN H FACILITY, GIVE STREET HNS HOPKI	LDORESS)	ROTHER INST			USEWI			F BUSINESS OR
20		TIMORE RESIDENCE (IF NURS	02				OBFIIA.		110	OSEMI	rъ	1 11	OME
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16	M. FAT	HER'S NAME	MIDDLE		LAST	- 1 - 1		S MAIDEN NAM	ΛE	MIDDLE		LAS	T.
220	*	WILLIAM	\mathbf{G}	. (CARRIGAN			EDNA		EDITH		HO'L	LY
经	Ma WA	AS DECEASED EVER	IN U.S. ARMED		16b. SOCIAL SECU		17. INFORMA			ADDRESS			
	2	NO ORUNKNOWN)			212-09-	7489	JOSE	PH I.	VITEK	BALT	IMOF		21239
15° 2		8 CAUSE OF DEAT	H (Enter only one	e couse per	line for (a), (b), and	dicit C.	1			2015-1		BETWEEN	ONSET AND DEATH
6	3		IMMEDIATE CA		Carlie	c to	ilvil		_			191	IKS
	-			DUE TO, O	R AS A CONSEQUE		4 5	1				41	
2	****	Conditions, if ony, gave rise to imr		(b)	my	lard.	il 1h	starct	18~			7 0	115
-	2	couse (a), statin underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF							
6		PART 2 OTHER SIGN	VIFICANT CONE	OITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E OR CONDIT	ION GIVE	N IN PART 1	0
4	CERTIFICATION		-	orone	ry ar	unes	STELL	VL2	ser				
6/7	CAI	90 DATE OF OPERA	NON	196. COND	ITION FOR WHICH	OPERATIO	WAS PERFO	RMED	200			WERE FINDING CAUSES	
7	RTH	1/16/8	+	coro		ar ferc	2 di	7-	YES 🗌	МОМ	YES		NO []
9		OR CONTRIBUTING		HOUR A.		Y YEAR	ME HOW IN	JURY OCCURR	ED (ENTERNA	TURE OF INJURY II	N ITEM TO PA	RT I OR PART 2)	
17	V L	(IF EITHER, NOTIFY MEDI	CAL EXAMINER)		M	19							
1	MED	INJURY OCCUR			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATIO			CITY OR TOWN		COUNTY	STATE
		WHILE NOT WE	RK R							1	-	-	- 100 (50)
E	1	12a.l certify that (1)		ittended th	e deceased fram_	02 1/	15	. 19	, to	1754	0 / 1		that (1) (we) last
E E		saw the decease above, (I) (we) (c	did) (did not) vie	w the body	after death.	- /		(our) apinion (death accurre	d/on the date	and haur		
He		22b. SIGNATURE				(DEGREE	ATTENDING	MEDICAL	STAFF	/	22c. DATE	SIGNED
Ž			mayo	//-				PHYSICIAN [PHYSICIA	N	1	cyst
		120. PHYSICIAN'S NA	WE (TABE OUD)	Τ)			22e ADDRES	1/00	11	40		/	
WPORT			naghu;					714	1 14	6 WAZ			
-1		RIAL, CREMATION,			23c.1		METERY OR		23d LOCA	ORTOWN	- a	COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

JAN. 29, '87 GARDENS OF FAITH BALTIMORE CO., MD

INSON8521 LOCH RAVEN BLVD. 1AN 2.8 1087 24 FUNERAL DIRECTOR
WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD.



THE HER ALL TOLLING THE

1/28/87

ALIDDI F

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH 26 HOUR 87 IF UNDER 24 HRS & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 28 USUAL OCCUPATION 176 KIND OF BUSINESS OR Housewife Home Maker 13e STREET ADDRESS / ZIP CODE 156 Park Road 21122 Carroll ADDRESS Maryland 21122 Charles W. Wagner Jr. 218 Drum Ave, Pasadena APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN 23d LOCATION New Cathedral Cem. Baltimore Md === 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE George J. Gonce 4001 Ritchie Hgwy Balto Md les Dardon Pandace

REG. NO

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

24 FUNERAL DIRECTOR

Buria]

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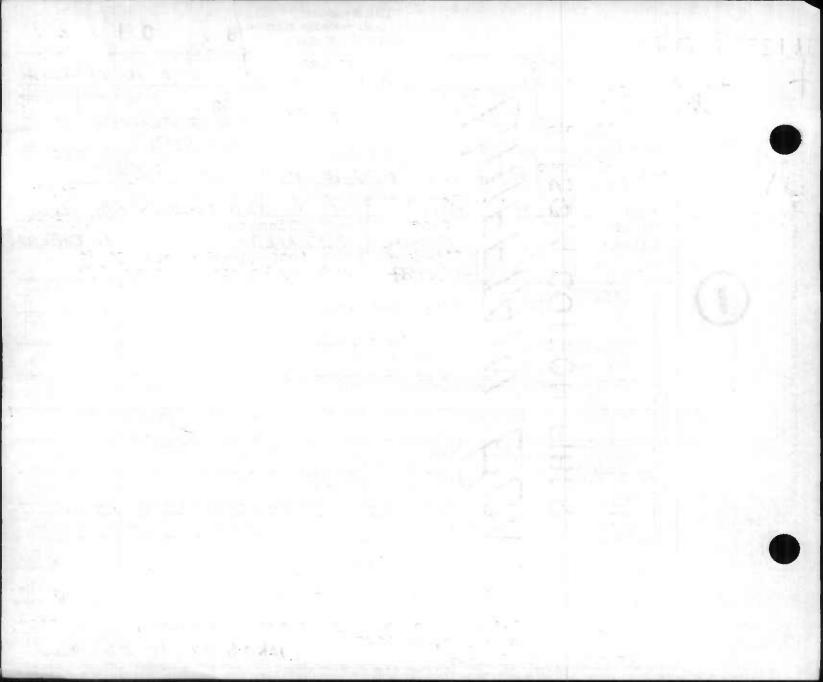
REGISTRAR

DECEASED NAME

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		FOR		STATE OF MARTLAND		
299JAN 2	1 17	STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	34 2	01/2/
3 75 / -			hiel MIDDLE	WAGNER WAGNER	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 1 16 87 7:00 AM
1 1	3. SE.	x Male	RACCaucasian	5. DATE OF BIRTH	& AGE (IN YEARS LAST BI	
1 95 19		MALE	WHITE	MONTH DAY Y	82	YRS.
2 42	7a. 8	RTHPLACT 1:1-1010	B 76. CTURE AOF WHAT COUNTRY		9 BALTIMORE CITY	OR COUNTY OF DEATH
1 1 2/	LJ	LLINAS	USA	WIDOWED DIVORCE	ED BALT C	ITY MD.
143	1 3	T Baltimo	1 SOUTH BAU	. GEN. HOSE	LIVE OF WORK FOR HOST	ion Ital kind of Business or industry Retired
1 1 1 1	13a. S	NERESIDENCE (IF NURSING HO)	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	Burnie 13d Inside City LIA YES W NO	MITS? 130.STREET ADDRESS	ZIP CODE 21061 EKLY RD. 21/61
rd with	06	THER'S NAME ULTRIS	MDDLE Wagn	VAP 1 1717	Mizabeth MIDDLE	Mitchelson Witchelson
11/10	16a. V	VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE Yes UA	S, GIVE WAR OR DATES)	384 Ruth Ma	000 Edgerlý ay Wagner Sa	₹8ad 21061 ame as #13e
er that the death certificate and by the attending physic please remove corbanisms oriol, cremation, a removal c, or other traumatic cent.		PART I. DEATH WAS CA IMME Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ	Tailure UENCE OF UENCE OF	HE TERMINAL DISEASE OR CON	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
has been signed by the permit. Then the permit of the perm	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\cap \text{NO} \cap \text{VO} \)
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prist or TOR. A for use of Health		saw the deceased aliv	naspital) attended the deceased from the an 15 7 19. Id not) view the body after death.			ate and hour and from the causes stated
ALOR A ALOREG ALOREG detoched one Dept rT. If from		226 SIGNATURE	rehull)	DEGREE ATTEN	DING MEDICAL STA	FF 1-16-56
O FUNERA Control by Control by Co		22d PHYSICIAN'S NAME (T	IYPEORPRINT)	220 ADDRESS 300 7	South Han	ever St Ball
25 -212	23a E	SURIAL, CREMATION, REMO		. NAME OF CEMETERY OR CREMA	CITY OF TOWN	COUNTY STATE
BP		Burial		oudon Park Cer	metery Baltin	more, MD 21227
DHMH - 16 60M 7/84 (VRA 15, 4)	74. FU	JNERAL DIRECTOR NAME NACNADO F1	Catonsville	/ID 21228	JAN 1 6 1987	256 REGISTRAR'S SIGNATURE

MacNabb Funeral Home



requires that the death certificate

OR ATTENDING PHYSICIAN: The low

etained by the haspital TO HOSPITAL

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tely filled in by the first should be filed within

ecuted within 24 hours after death. Page 4

STATE OF MARYLAND

MENTAL HYGIENE

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FOR - STATE REGISTRAR		DEP	ARTMENT OF HEALTH AND N CERTIFICATE OF D
ECEASED NAME	FIRST	WIDDIE	LAST
PR PRINT)	ANNE	1	WALVER

		REGISTRAR				CERTIF	ICATE OF DEATH		REG	. NO.	, ,	77 3
		EASED NAME	FIRST		MIDDLE	l	AST	2a. l	DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
6	y'v.	R PRINT)	ANNIE		_	WA	ALKER			JAN	20,87	800 PM
	3. SEX	F		4 RACE		5. DATE O			GE (IN YEARS LAS	(BIRTHDAY)	MONTHS DAYS	
N.		RTHPLACE 15T	ATE OR FOREIGN	U.S.	WHAT COUNTRY?	WIDOWE	- Insul	9 B	ALTIMORE CIT	_	NORE	MD.
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5	13a. S		IF NURSING HOME OF		GIVE RESIDENCE BEFORE 13 CITY OF TOWN BA (+0.		13d INSIDE CITY LIMITS?	7.4	STREET ADDRES	SS/ZIPCO		2/2/3 EET.
6	14 FA	ROBE	RT	WIDOLE	EIIOT		15. MOTHER'S MAIDEN	NAME	MIDDL		Sco	AST 7/
1	160 W	VAS DECEASED	EVER IN U.S. AR	MED FORCES? (E WAR OR DATES)	244 2265	SO5	Samuel W.	AIKE		DRESS	EDEN S	
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3		OR CONTRIBUTIN	VAS UNDERLYING C	HOUR A.	DF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCC	CURRED	(ENTER NATURE OF	injury in ITEM I	18 PART I OR PART 2)	
	MEDICAL	21d, INJURY O	CCURRED NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211. LOCATION STREET		CITYO	R TOWN	COUNTY	STATE
		saw the a above, (1)	leceased alive ar (we) (did) (did no	1/=	ne deceased fram_ 20 19_ rafter death.		nd that in (my) (our) opini	mian death	to	Zo e date and h	nour and from th	
		226. SIGNATU	ato	Te m	D				EDICAL S	TAFF	22c. DAT	20/87
		AN	DIEN	PATE	MD			-	7.00	51,	/	21218
	23a. B	BURIAL, CREMA	TION, REMOVAL	23b. DATE	23 (N	IAME OF C	EMETERY OR CREMATOR	ORY 2	3d. LOCATION			

BP DHMH - 16 60M 7/84

(VRA 15, 4)

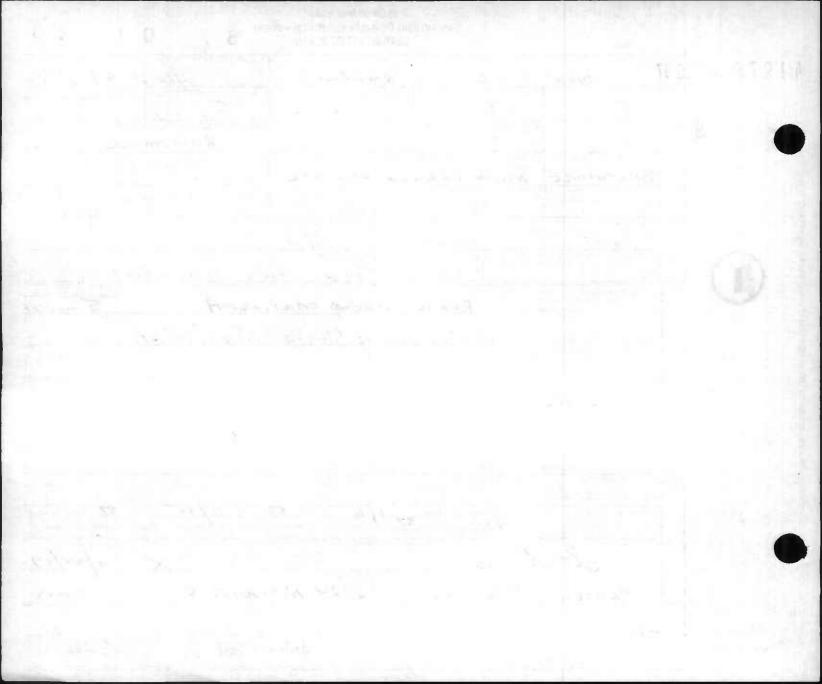
MPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other traumatic event, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pleasured by the outending pleasured for use as the burial-transit permit. Then please remove carbone with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.

NAME

BURIAL 24 FUNERAL DIRECTOR

EASTVIEW CEMETER, BALTO.

DI E. NORTH AVE. 1988 GISTRARIZE REDISTRAR'S SIGNATURE



04219

STATE OF MARYLAND	ST	ATE	OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

8	REG. NO.	0	1	1	2.	
_			_			_

REGISTRAR				REG. NO			
	FIRST	WIDGLE	LAST	20 DATE OF DEATH		AY YEAR	26 HOUR
(TYPE OR PRINT) Em	manuel	Wal	ker, Jr.	1-21-87	7		
. SEX	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HR
Male	В	MOZ	^{2™} 18 [™] 1968	78	YRS.	ONTHS DAYS	HOURS MIN
a. BIRTHPLACE (STATE OR FOR	EIGN 76. CITIZEN OF	WHAT COUNTRY? 8.	IFD X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
COUNTRY .		SA. WIDOV	VED DIVORCED	City			,
Balto.		HOSPITAL, NURSING HOME LACILITY, GIVE STREET PORESS)	or other institution Spring Lane	120 USUAL OCCUPATION		12b. KIND C INDUSTRY	Churc
SUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	218	219
Md.		Balto.	YES X NO	530 E. Co	old St	oring	La.
4 FATHER'S NAME	Address	1462	15. MOTHER'S MAIDEN NA	ME			
Emmanue1		LAST	Fidelia	Lipston		LAS	51
60 WAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES!	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS		
no	IF TES, GIVE WAR OR DATES)	215 07 447	Mre Fra	nces Walke	r 520) F	Colder
	Enter cally and an in-		THE S. FIG	HCCS Marve	1 330		MATE INTERVAL
PART 1. DEATH WAS	CAUSED BY:	line for (a), (b), and (c)				BETWEEN	ONSET AND DEAT
IA IA	MEDIATE CAUSE (a)		Cardine auty	Almin			
	DUE TO, O	R AS A CONSEQUENCE OF	-				
Canditions, if any, v		R AS A CONSEQUENCE OF	and L	. H dirm		N 3	
Canditions, if any, v	hich (b)_	R AS A CONSEQUENCE OF	action and Le	A diam			
gove rise to immed cause (a), stating	which (b)_	R AS A CONSEQUENCE OF	articles Le	at diam			
gove rise to immediately couse (a), stating underlying couse	thich (b)	r as a consequence of	Graf				
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STATE OF MARYLAND

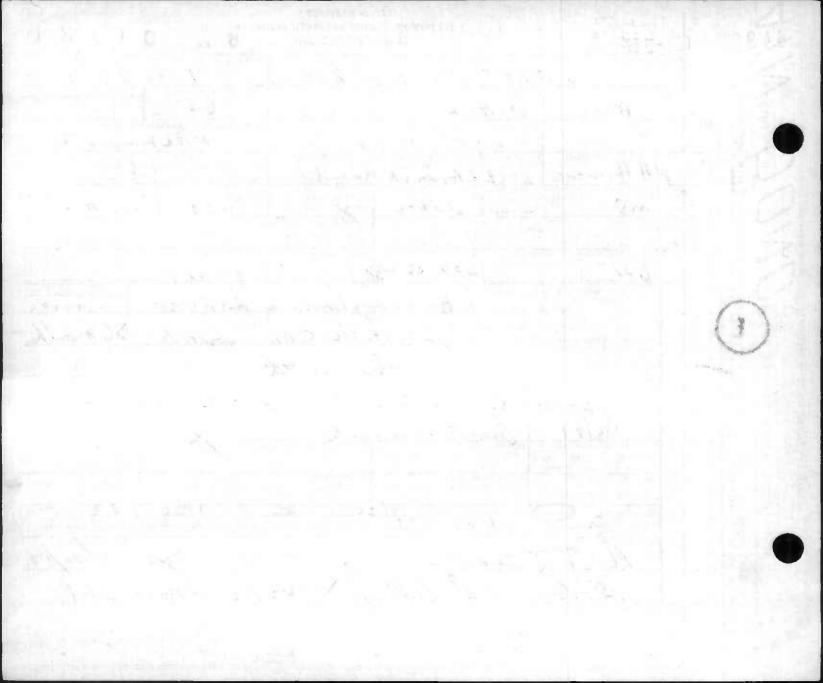
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r death. Pog funeral dire	99		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT		WIDOWED	NEVER A	MARRIED A	9 BALTIMORE C	RE CITY	7	MD.
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AND 215	35	13a. S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	NTY 13c. C	SIDENCE BEFORE ITY OR TOWI LTIME	RE	13d INSIDE C	NO 🗌			AVE. 2	1216
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TIMORE be exect on and c	e medico			VE WAR OR DATES)	0CIAL SECUI		CHARL	ES WAL		7637		21076
ST., BAL	event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA	nly one couse per line fo ED BY: (TE CAUSE (o)		ac la	rluse				BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
201 W. PRESTON is that the death or ed by the attendir	rial, cremation, ar or other traumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A (b) DUE TO, OR AS A	CONSEQUE	NCE OF	-	lung	Ca			
L RECORDS, te low require to no. hos been sign permit. Then	shows any injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION I		50	(C.)		200 AUTOPSY	2 20b. IF Y	YES, WERE FINE TIFYING CAUSE YES DO	DINGS USED
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ral y th	VI. If Hem 21		sow the deceosed olive or obove, (I) (we) (did) (did no 22b SIGNATURE	ot) view the body ofter o	leoth.		EGREE A	ATTENDING PHYSICIAN [MEDICAL DIRECTOR P	STAFF		TE SIGNED
O HOSPI etoined b	with the Stat		220 PHYSICIAN'S NAME (TYPE	LAEND	ER		22e ADDRES	Jolu	us Hop	luis	Marjo	ital
BP			BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION	10 JAN 8	7 W	STVIE	METERY OR C	m. PK		VSVILLE		
DHMH - 16 6 (VRA 15		24. F	STACK FUNER	AL HOME		30x 2		3.44 5	1 4 1987	TRAR 256. REGI	Durden.	Kandall



	her death. Page 4 may be
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the portrainment that he executed within 24 haurs after death. Page 4 may be
	TO HOSPITAL OR ATTEND

DECEASE OF SECURITY OF SEATH AND MENTAL MYCHEN RECEIVED AND MENTAL WORLD OF SEATH AND MENTAL MYCHEN RECEIVED AND MENTAL WORLD OF SEATH AND MENTAL MYCHEN RECEIVED AND MENTAL WORLD OF SEATH AND MENTAL MYCHEN RECEIVED AND MYCH	-		THEMS 136. STATE OF MARYLAND
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		24 F	UNERAL DIRECTOR 256. DATE REC'LD. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE



requires that the death certificate

ecuted within 24 hours ofter death. Page

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IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other troumatic TO FUNERAL DIRECTOR: After this certificate has been signed by the ottendir should be detoched for use as the burial-transit permit. Then please remove conwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. BP DHMH - 16 60M 7/84 (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR NAME OWC.

22d. PHYSICIAN'S NAME (TYPE OR FOR

226. SIGMAPUR

236. DATE 8

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

12e. ADDRESS

23d. LOCATION

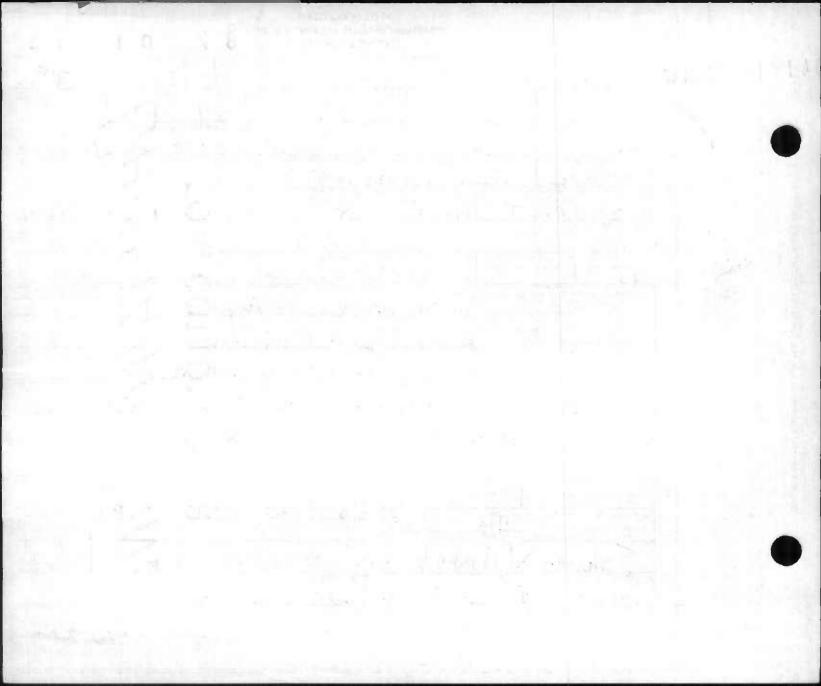
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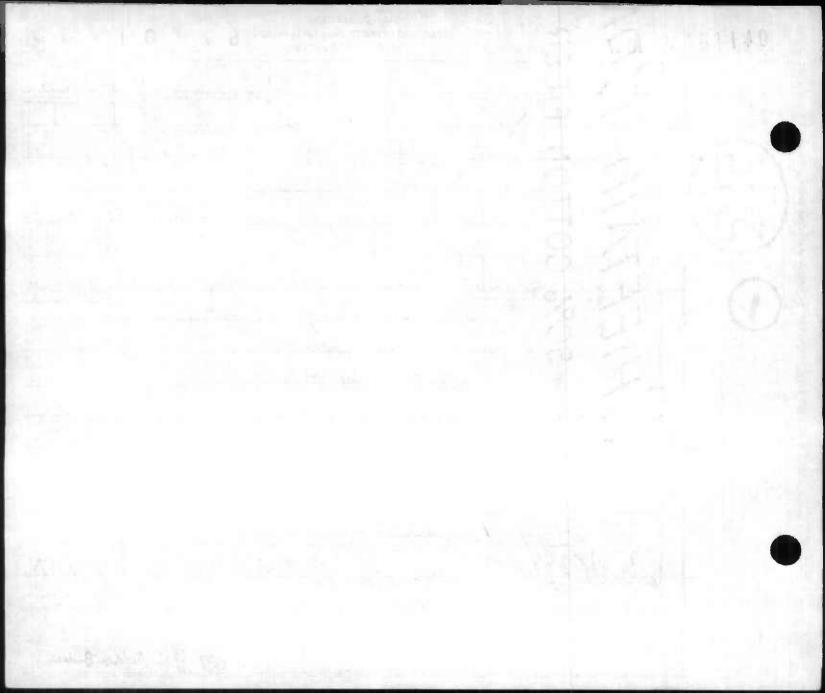
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ATTENDING PHYSICIAN



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		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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pog prog	3 SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir rottending physicion. After this certificate has been signs the buriol-tronsit permit. They as the buriol-tronsit permit. They then and Mental Hygiene prior to be orked or Item 18 shows any injur	CERTIFICATION	190 DATE OF OPERATION	TINCONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED
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PHY tendit the bu	MEC		(AT HOME STREET FACTORY, OFFICE		CITY OR TOWN	COUNTY
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ENDI or or use Heal is m		22a I certity that (1) (this hospi	tol) ottended the deceased from		n deoth occurred on the date and h	, 19
E of of o		above it is swelling that in	a view the body after death.	DEGREE		226 DATE SIGNED
the hose of the hose of the hose of the DIRECT of the Dept.		MAN	11.1	ATTENDING	MEDICAL _ STAFF _	1/1/67
RAL RAL	-	DE PHYSICIAN'S NAME	W	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	10/11/01
HOSP bined b FUNE buld be but the S		PHTSICIAN S NAME OF C	Stm./	THE ADDRESS	+ 1. 10.	1 47 -12-0
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F F 8 > 2	23a. l	urial, cremation, removal speBurial		C. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	_		1/16/87	Garrison Forest		Mills Md.
DHMH - 16 60M 7/84	24. F	INERAL DIRECTOR	ADDRES:		ATE REC'D. BY REGISTRAR 251 REGI	STRAR'S SIGNATURE
(VRA 15, 4)		Wim C. March F.	/H West 4300	Wabash Ave. JA	N 1 4 1987 Julia	Merchily. Corners



(VR A15 ME (5))

STATE OF MARYLAND



h. Pro-DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attendi should be detached for use as the burial-transit permit. Then please remove co with the State Dept. of Health and Mental Hygiene prior to burial, cremation, a retained by the hospital or attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN: The

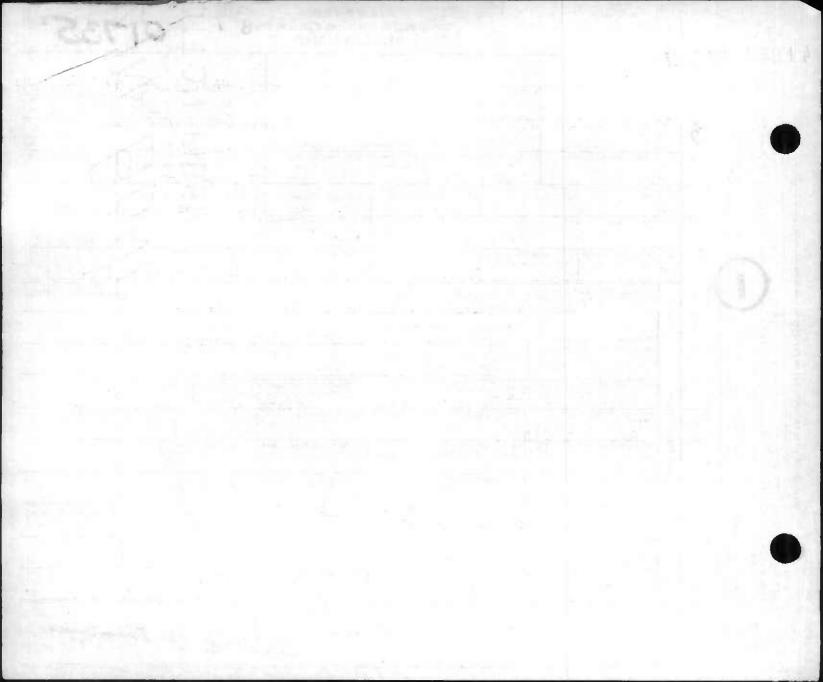
MARCH FUNERAL HOME 1101 F

STATE OF MARYLAND

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0.1	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENS 7	01	73	5
8 4 JAN 29		CEASED NAME FIRST		WIDDLE	l	AST		AONTH DA	Y YEAR	2b. HOUR
re 4 may be ctor, page 3 s ofter death		ROBERT			WAR	D	JANUADY 1	7 10	U.B. 7 TYEAR	12:02%
or, po	3. SE	(4 RACE		5. DATE O		6 AGE INVERTS LAST BIRTH		WHEN TYEAR	HOURS MIN:
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deo	MD	TY OR TOWN OF DEATH	IISA III. NAME OF	HOSPITAL NURSIN	WIDOWE	DR OTHER INSTITUTION	BALTO CI	TY	12k KIND O	MD.
offe dithe			(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	1 000111200 011
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24 h	130. S	TATE VISIT COL	NTY	RAL TO	M	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /		ST 21	205
thin 2 sho		THER'S NAME				15. MOTHER'S MAIDEN NA	ME	DIZUN		
1 11 11	F	LMER	MIDDLE	ARD LAST		IRENE	WIDDLE		MUMF (
	16a V	AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRES	S	HOTH	713.0
	NO	res, no or unknown) (1F yes, G	IVE WAR OR DATES)	216401124	4	HILDA WHEATLE	Y 2429 E. M.	ADISON	ST 21	205
E ELVE		18 CAUSE OF DEATH (Enter of	nly one cause pe	r line for (a), (b), an						MATE INTERVAL ONSET AND DEATH
1001		PART I. DEATH WAS CAUS	TE CAUSE (a)	ARDTOPL	TMONZ	ARY ARREST	10 minute	S		
that the deoth d by the ottend lease remove co iol, cremation, c		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	$\begin{cases} (b) B \\ DUE TO, C \end{cases}$	RAINSTE RAINSTE DR AS A CONSEQU NTRACER	M HEI	RNIATION	12 hours			
low requires as been signee ermit. Then pl ee prior to buri	CERTIFICATION	AIDS, Renal	failu	re, poss	ible	NOT RELATED TO THE TERM POSSIBLE M SEPSIS Ches N WAS PERFORMED	yocardial	infa agyi IN CERTIFYI	Ction REPIDEN NG CAUSES	OF DEATH?
ician sician ste ho spen show	ERTI	210. ACCIDENT WAS UNDERLYING	216. TIME (OF INJURY		21c HOW INJURY OCCURR	YES NO	YES		NO 🗌
phys phys riffico litror nol Hy	_	OR CONTRIBUTING CAUSE OF D	EATH HOUR A	.M. MONTH D		The state of the s	TENTER INNORE OF MITOR	IN THE MITTER	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
G PHYSK Offending offending offenting sthe burie ond Men ked or Ite	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC }	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
TTENDIN pitol or TOR: Aft for use o of Health		22a I certify that (I) (this has	JANUA	RY 17 19	JANUA 87 a	ARY 15, 19 87 and that in (my) (aur) apinion of	, to <u>JANUAR</u> death occurred an the dat	Y 1719	87.	that 1) (we) last causes stated
At OR A the hos At DIREC deteched ote Dept. IT. If Item		226. SIGNATURE Carol S	· Ra	msk	D. C	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI		22c. DATE	SIGNED
HOSPITA Inded by FUNERA old be de high Stot		22d. PHYSICIAN'S NAME (TYPE		A		22e. ADDRESS CHURO	CH HOSPITA	L COR	PORAT	ION
TO HOSE TO HOSE TO FUN Should b with the		CAROL S. F	KAMSEY,	19. 0.		100 N.BROA	ADWAY BALT	IMORE	. M.I	2.21231
		URIAL, CREMATION, REMOVA	- /4		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP	В	URIAL	1/23/	'87 B	ALTIMO	RE CEMETERY	BALTIMORE	Meg Dike	P	MD.
OHMH - 16 60M 7/84 (VRA 15, 4)		NERAL DIRECTOR NAME ADOLL CLINEDAL L	OME 1101	ADDRESS	7 V/L	JAN	2 7 1987 RAS	TOTAL GIRTH	K 2 SIGNAL	DNE

NORTH AVE



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	G1 8	FOR STATE REGISTRAR			DEPAR		EALTH AND	MENTAL HYG	SIENE 8	REG. N	0	1	1	3	5
		CEASED NAME OR PRINT) WIL	FIRST	F.	MIDDLE		D, JR.		20 DATE OF	FDEATH	MONTH 01	01	YEAR 87	26. HOL	
	3 SEX	(4.	RACE		5. DATE C			6 AGE IN	EARS LAST BI	RTHDAY)	IF UNI	DER I YEAR	IF UNDER	24 HRS
		Male		W	hite	08	15	1897	8	9	YRS		DAYS	HOURS	MIN.
-		OUNTRY)	DREADH 71		WHAT COUNTR	Y? 8.	D NEVER		9 BALTIMO	RE CITY	OR COUN	ITY OF E	EATH		
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	В	TY OR TOWN OF DEAT altimore	1	St. Ag	HOSPITAL, NUR CHEACILITY GIVESTR NES HOST	eer address)	OR OTHER INS	TITUTION	TYPE OF WOR	OCCUPAT K FOR MOST Emplo	Oyes	12 5 LIFE) 1N - H E	b. KIND O DUSTRY atin	F BUSINI P l um g &	bing
5	13a. S	TATE aryland	COUNT Balti	Υ	13c. CITY OR TO Catons	NWN	13d. INSIDE C	NO KX	13e.STREET	ADDRESS D Mot				2122 Cour	
E	14. FA	THER'S NAME FIRST	MI	ODLE	EAST		15. MOTHER	S MAIDEN NA	ME	WIDDIE	1,100		LAS	,	
	2	Wilbur	F		Wan			Emma					A1	bert	
1		(AS DECEASED EVER I	U.S. ARM		166 SOCIAL SE	CURITY NO.	17. INFORMA	ANT			ESS Cha				
4		Yes	WW	I	213-14	-3540	Eli	zabeth	Clause	Mil	llers	vill			
-		18 CAUSE OF DEATH	Enter only	one couse per	line for (a), (b),	and (c).1	1	1 1				F	BETWEEN	MATE INTE	DEATH
			MMEDIATE		Cancer	0++	he fr	os-tat	e				12	4001	.5
ı				DUE TO, O	R AS A CONSEC	DUENCE OF								U	
A.c.		Conditions, if ony, gave rise to imm		(6)_							-				
- 19		couse (0), stoting underlying cause		DUE TO, O	R AS A CONSEC	UENCE OF					Ö.		A		
	NO	PART 2 OTHER SIGN	IFICANT CO	Renal	DNTRIBUTING T	O DEATH BUT	NOT RELATED Anemi	0 0	hron	. 1)	ibition o		PART 10		
>	CERTIFICATION	190. DATE OF OPERA	ION /		ITION FOR WHI	CH OPERATIO			200 AUTO	PSY?	20b. IF IN CER	YES, WEI	RE FINDIN CAUSES		TH?
3	CER	21a. ACCIDENT WAS UNDE		21b. TIME O		DAM WELT	21c. HOW IN	JURY OCCUR		-			RPART 2)		
	AL	OR CONTRIBUTING C		HOUR A.		DAY YEAR									
	MEDICAL	214 INJURY OCCURRI		21e. PLACE	OF INJURY	5 5 1 PW 525 1	211 LOCATION			CITY OR TO	OWN		OUNTY		STATE
	2	AT WORK NOT WHILE	E 🗆	TAT NOME, ST	REI, PACIONI, OFFIC	E, PARM, ETC }									
		22a.l certify that (1) (. 19 86		an I		. 19		that (1) (
		saw the deceased abave, (1) (we) (di	d olive on d) (did nat)	view the body	after death.	X70	nd that in (my)	(our) opinian	death occurre	d on the c	late and h	aur and	fram the	causes st	ated
		22h. SIGNATURE	ulo -	7.9	lefans			ATTENDING PHYSICIAN F	MEDICAL DIRECTOR	ST A			2c. DATE	SIGNED	87
		22d PHYSICIAN'S					22e ADDRES							111	
		A. URBAN	O, M.	D.			St.	Agnes H	lospita	1, Ba	altim	ore,	MD.		
		URIAL, CREMATION, R	EMOVAL	23b. DATE	23	NAME OF C	EMETERY OR		23d LOCA						
	(Burial		1/5/8	87 hp	UITO DILV	C.	emeterv		ESVILI	I.F .	000	M.	arv1	

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detach with the State De MPORTANT, IF IS

> Lerskal Mrc Cor Russell C. Witzke Euneral Homes P.A. 1630 Edmondson Avenue, Catonsville, MD. 21228

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

JAN 5 1987 Julia Decideon Landous

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400	O d LED		REGISTRAR		ME		AMINER'S	CERTIFIC	ATE OF DE	ENTH /	REG. No.	1 /	0	/
1		I. DE	CEASED NAME	FIRST		MIDDLE		LAST		OF	ESTI-	ONTH DA	AY YEAR	26 HOUR
T	ASE ES. ES.			ROBE	RT			VARNER		DEATH W		-17-8	7 19	м
	STREET	3 SE	ha 1 4. RA	511, 5.0	DATE OF BIRTH	YEAR I	GE (IN YEARS IF L		IF UNDER 24 HR	S. 2c. DATE	ED.	ONTH DA	AY YEAR	2d. HOUR
	ON SERVICE PRAY	L	Male A	DIK	02 13	49 3	37 YRS.	UNIS DATE	HOURS MIN.	DEAD		-17-8	7 19	2:57A
-	RALL XALL	7a B	IRTHPLACE (STATE OF	7b.	CITIZEN OF W	HAT COUNTRY	a. MAR	RIED NEV	ER MARRIED	9. BALTIMO	RECITY OR C	OUNTYO	FDEATH	
	IS NECESSARY, PLEASE FUNERAL DIRECTOR. E FOR YOUR FILES. DWITHIN 72 HOURS I W PRESTON STREET,	1 2	11	d	USH		WIDO	W.3	DIVORCED [ore Cit	ty		MD
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	TO.C	ITY OR TOWN OF DE	ATH II.		PITAL, NURSIN	G HOME, OR OT	HER INSTITUT		JSUAL OCCUPA		WORK 12b	KIND OF BU	ISINESS
	S. P. P. D. A.	1	Baltimore	U) Ui	niversi	tyHospi	tal STU		1	a horer			OK 11400011	
10	m = O P		AL RESIDENCE (IF IN N	JURSING HOME OR OTH	HER INSTITUTION, G	VE RESIDENCE BEFOR	RE ADMISSION)	134 INSIDE CLE	Y LIMITS? 13e. S		11 4		1416	217
2120	AND	-	Md	Bucch	Ame	Centre	dine	YES Y	NO []	01 16	Hon S	of ree	+	'/
MD.	- 28.24	14. F.	ATHER'S NAME		DDLE	L. LAST		15. MOTHER	R'S MAIDEN NA	ME	us.		1057	
		Y .	Cliffor	m.	DOLL .	IR I	nen	He	les	MIDE	ILC.	Fi	Wart.	
WO	NE PAGES IN SION OF	16a.	WAS DECEASED EVE	R IN U.S. ARMED		16b. SOCIAL	SECURITY NO.	17. INFORM	ANT		ADDRESS	~~	9	
BALTIMORE		1	NO	IF TES, GIVE WAR	OK DATES)				Helen	Morn	20			
40	S S S S S S S S S S S S S S S S S S S		18 CAUSE OF DEA	ATH (Enter anly on	ne couse per line	for (a), (b), one	d (c).)			7 7 7 7 7 7			APPROXIMATE	
IN N	030862		PART I DEATH \	WAS CAUSED BY			e stab w	rounds					ETWEEN ONSE	AND DEATH
2	2 2 2 2 2			WONEDINIE C		AS A CONSEC								
6	CONTRACT TO SERVICE SE		Conditions, if gave rise to		(b)									
A	328E58		couse (o) statin	ig the <u>under-</u>		AS A CONSEQ	UENCE OF							
201	EXA ON,	3	lying cause las	<u>t.</u>	(c)									
RECORDS,	CERTIFICATE SHOULD BE EXECUTE TING THE WORD "PENDING" IN 1 2ED TO THE CHIEF MEDICAL EXA 3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND MIT 1 PRIOR TO BURIAL, CREMATION,		PART 2 OTHER SIGNIFICA	NT CONDITIONS CONT		BUT NOT RELATED T	D THE TERMINAL DISE	ASE OR CONDITION	GIVEN IN PART 1 a					
9	D BE EXE ENDING MEDICAL AS A BU EAITH AN CREMAT	N	344											
	PENDING F MEDICAL FED AS A BL HEALTH AT AL, CREMATI	MEDICAL CERTIFICATION	190 DATE OF OPER	ATION	196 CONDI	TION FOR WHI	CH OPERATION	WAS PERFORM	AED?			20	AUTOPSY?	,
DIVISION OF VITAL	WORD "PE CHIEF A BE USED A BURIAL, C	I E	300										YES X	NO 🗆
OF V	THE WOULD BE	W W	210 EXTERNAL CAL		216. TIME OF	INJURY	216.1	HOW INJURY	OCCURRED (ENT	ER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	25	
NC	PETO THE ARTIMULE OR TO THE	1	UNDERLYING CONTRIBUTING		TH 00:50	MONTH 17	8 FAR sub	ject st	cabbed					
/ISIC	ERTIFICATION OF THE PROPERTY OF PROPERTY OF THE PROPERTY OF TH	ED	218. INJURY OCCU	RRED	21e PLACE	OF INJURY (A)	HOME. 211 L	OCATION STREET						
ó	SERRES	E		T WHILE S	sti	rory, FARM, ETC.)	Po	st 21,	Spring	St.	Centre	evill	e. Mar	vland
	ST. ST.				d.			[37]			7			7
	EXAMINER: CERTIFICATE VILD BE FOR T DIRECTOR: T WITH THE			t I took charge of	the remains des	171			Inspection	, Inquiry L		ту аріліоп		
-	EXAMINEI CERTIFICA JLD BE FO DIRECTOR WITH THE		death resulted fro	m: Natural	Company of 1	Accident	, Suicide L	, Homici		determined mann	ier,			
V	A A SOLD OF A SO		ACTUAL	X	11	\ /		TITLE (SP			0	DATE	4 45	0.77
	SHO SHO	1	SIGNATURE		10	V		M.D.Assis	stantM	EDICAL EXAMIN	IER S	SIGNED_	1-17-	-8/
	WED THE THE	1	EXAMINER'S NAME	: (recorv	R Kauf	Efman, M	D	111 P	enn Str	oot			
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR. AFTER DEATH, WITH THE BALTMORE, MARYLAND	730 B	URIAL, CREMATION,			J23c NAM		OR CREMATO						
07.0		234.6	SPECIFY)	1	101/8	7 600	MARCH 1h	CA	236. CI	LOCATION		COUNTY	N	h
07/84 25M	BP	24. F	UNERAL DIRECTOR	1	1940	LUK	PEROVICE	12	5a. DATE REC'D:	BY REGISTRAR	Marke Cicio	AR'S SIGN	ATURE	0_
	DHMH - 17 (VR A15 ME (5))		NAME Hurse	There	ADDRESS	31-6.	L CI ED	Ston	CED G	1007	Lie K	ridor	2 200	4
	(40 MID INE (D))	_	Sing	THE N	ung	- cours	1001	1112	LCO C	1707-5	Do.		-	Ph.

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8	7	0	-	1	3
	REG. NO.				

JAN	β.	GFDR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 /	01/38
3		CEASED NAME FIRST Cather	ine MIDDLE	Warnock	January	12, 1987 15 HOUR
2.0		Female	4. RACE White	5. DATE OF BIRTH April 14,1906	6. AGE (IN YEARS LAST BE	IRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS
N.	Ba	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED		timore City,
20	Bo	iltimore	21 S. Deck	SING HOME OR OTHER INSTITUTION EET AVENUE	120 USUAL OCCUPAT	
35	13a S	RESIDENCE (IF NURSING HOME OR TATE Hd. 136 COUN		ORE ADMISSION) TOP (YES 20 NO	13. STREET ADDRESS 21 S. De	/ ZIP CODE cker Ave21224
26	14. FA	THER'S NAME Carl	APPOLE Brunn	15 MOTHER'S MAIDEN NO Minnie	AME	Tiece LAST
edicol		(AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE 215-14	CURITY NO. NECOCATE B	elcamp, ADDR	Md. 21017 6-P.O.Box 324
viol, crimation , or other troumblic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSECTION OF TO, OR AS A CO	QUENCE OF		
ws ony injury, or other traumotic	IIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSECT b) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING TO		20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
7	CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 11b. TIME OF INJURY HOUR A.M. MONTH	QUENCE OF O DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT COURT OF CONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 11b. TIME OF INJURY HOUR A.M. MONTH	DUENCE OF O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO USED NO
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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* REGISTRAR	CERTIFICATE OF DEATH	YGIENE 8 7 O 1 / 3
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#OBCE	WARKEN	1 1 87 11'
1 SEX	S. DATE OF BIRTH MONTH DAY YEAR,	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER MONTHS DAYS HOURS
Female Bla	ck 10 1 14	72 YRS
INSTRUMENTALE (STATE OR FOREIGN 76. CITIZEN	OF WHAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH
FISHY CO. VA. U.	WIDOWED DIVORCED	BALTIMORE CITY
	OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION 126 KIND OF BUSINE
BALT MORE DE	DISUCH FACILITY, GIVE STREET ADDRESS) A TON HOSP AND MEDICALCO	FRORE LAUSE WIFE
LESUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUT	ION, GIVE RESIDENCE BEFORE ADMISSION)	
136 COUNTY	13d INSIDE CITY LIMITS	9 13e.STREET ADDRESS / ZIP CODE
A FATHER'S NAME	15. MOTHER'S MAIDEN	7 - 4 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1
MIDDLE	I LAST, LAST, FIRST	MIDDLE) LAST
160 WAS DECEASED EVER IN U.S. ARMED FORCES	S? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS ADDRESS
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES	S) L A A A C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1/0	216-14-4458 FRENCES 1	DAVEN PORT 3052 ESSEX Kd. APPROXIMATE INITE BET WEEN ONSET AND!
C - 48	o, or as a consequence of	
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Canditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS	O, OR AS A CONSEQUENCE OF LESIONS	RMINAL DISEASE OR CONDITION GIVEN IN PART 1101
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DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial 24. FUNERAL DIRECTOR
W.C. March Funeral Home 4300 Wabash Avela

23b. DATE 1/6/87 231. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem. Annearundal County

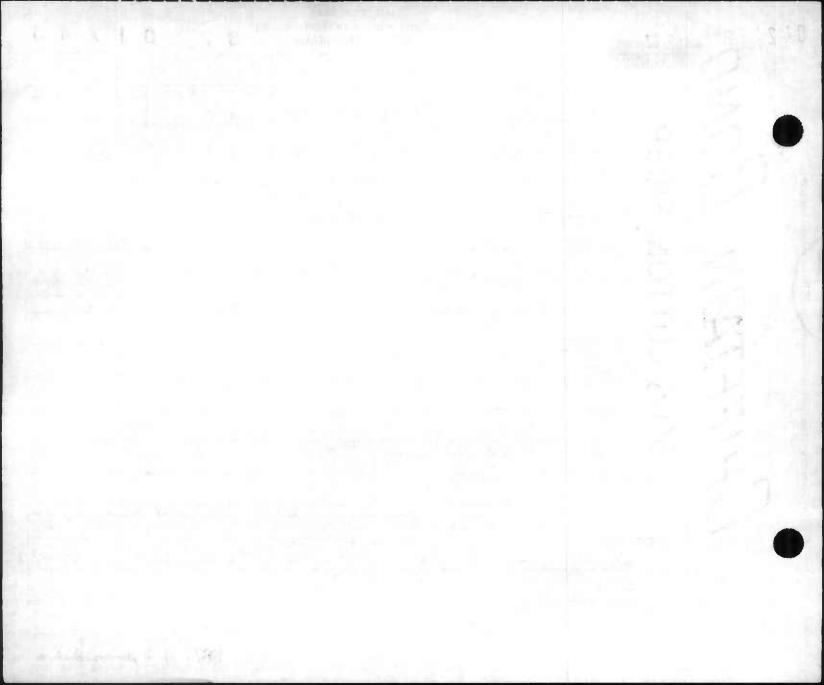
23d. LOCATION
CITYORTOWN
Annearundal County
250. Date REC'D. By REGISTRAR 250. REGISTRAR'S SIGNATURE

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	ay be age 3 death		CEASED NAME FIRST		WIDDLE	WASH	INGTON	20. DATE OF DEATH	MONTH / 29/8	7 532 M
	ge 4 may ectar, pag	3. SE		Blac	k	5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 Y	EAR IF UNDER 24 HRS
•	leath. Pagineral dim	1	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED WIDOWEI	NEVER MARRIED DIVORCED	BALTINORE CITY OF		4 MD.
100	rs after o	10 C	BALTIMORE		HOSPITAL, NURSIN CH FACILITY, GIVE STREET. BALTIM	ADDRESS)	eneral Hosp.	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF	WORKING LIFE) INDUST	D OF BUSINESS OR TRY
AND 212	filled in nould be	13a.	101	3 C	GIVE RESIDENCE BEFORE	N 1	13d. INSIDE CITY LIMITS? YES NO [13 STREET ADDRESS	ZIP CODE RATT STRE	eet BALTO, LK
MARYL	ampletely and 2 si	14. F.	ATHER'S NAME UN FNOW M	MIDDLE	LAST		IS MOTHER'S MAIDEN NA	E	Holla	and
IIMORE,	be encur		WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN? (IF YES, GIV UN KNOWN)	MED FORCES?	21858	4479	Chart	3001 S. t		T, BALTO, 21230
51., BAL	fiftense oppher		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	lly one cause per D BY: 'E CAUSE (a)	Candi	o Re	piratory	arres		PROXIMATE INTERVAL EEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	that the depth of by the other root of creaming or other root of a	2.4	Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause last.	DUE TO, O	PRAS A CONSEQUE	ince of	romas Sep	in metas 92	C367	
RDS, 20	requires an signe Then pl injury, a	NOI	PART 2 OTHER SIGNIFICANT OF	Hem	aturia, (DEATH BUT I	NOT RELATED TO THE JERA	MINA, DISEASE OR COND Bleet, Electr	OITION GIVEN IN PAR WHILE IMBA	lace
AL RECO	The law non.	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAU YES [
N OF VIT	ig physici certificate rial-transi them 18 sh		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	NIA .	DFINJURY .m. month da .m.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	V IN ITEM 18 PART I OR PART	2)
NOISINI	offer this of the order of the bull of the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TOV	NN COUNTY	STATE
	ATTENDIII sspital or ICTOR: A d for use it is of Health		22s I certify that (Uthis hasping the decorate vision on above (1) well (1d) (did no	Janua	154 29 10	87, on	d that in (my)(our) apinion	death accurred on the da		
U	HOSPITAL OR FUNERAL DIRE FUNERAL DIRE old be detached the State Depth ORTANT: If her		22d PHYSICIAN'S NAME (TYPE O	Jani	Mark	Tho	ATTENDING PHYSICIAN [MEDICAL STAF		u. 29, 1987
	TO HOSPITAL retained by thi TO FUNERAL should be deta with the State IMPORTANT: II	02	ANA MA	RIA M			3001 S. HA		BALTO, Md	121230
	BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial UNERAL DIRECTOR				METERY OR CREMATORY • Mem Pk	23d LOCATION CITY OR TOWN Laurel	, Md	STATE
	DHMH - 16 60M 7/84 (VRA 15, 4)		aw Funeral H	ome 46	ADDRESS Park	Неі		TE REC'D. BY REGISTRAR		on-Rivilace



BP

DHMH - 16 60M 7/84

(VRA 15, 4)

John M. Weber & Sons, Inc.

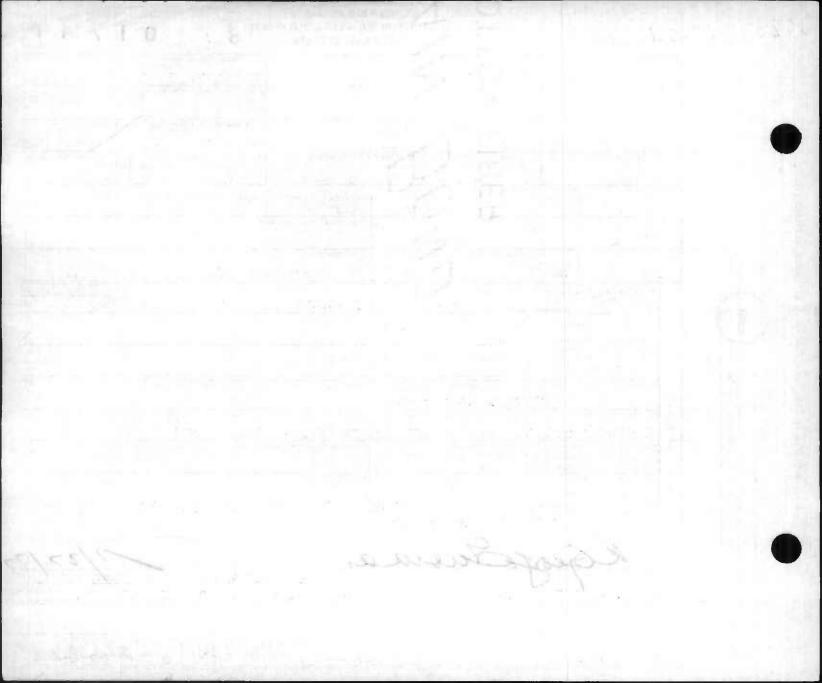
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Ö	REG. NO.	U	E		

REGISTRAR				CERTITI	CAIL OI DEATH		REG. NO.		
1 DECEASED NAME	FIRST	MIDDLE		£A!	1	2a DATE OF D		DAY YEAR	2b. HOUR
(TYPE OR PRINT)	JOHN	A	WAS	SIEWS	KI	JANUA	RY 27.	1987	9:21a
3 SEX		4. RACE		5. DATE OF	BIRTH	6 AGE IN YEAR		IF UNDER 1 YE	AR IF UNDER 24 HRS
М		W		MONTH.	. 10 1913	74		MONTHS DAY	S HOURS MIN.
To. BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF WHAT	OUNTRY?	8.		9 BALTIMORE	CITY OR COUN		
Maryland		USA		MARRIED	NEVER MARRIED 2		ore Ci		
10. CITY OR TOWN OF	DEATH	11. NAME OF HOSPITA	AL, NURSIN			12a USUAL OC		4	OF BUSINESS O
		(IF NOT IN SUCH FACILITY	Y, GIVE STREET A	ADDRESS)			R MOST OF WORKIN		Y
Baltimore USUAL RESIDENCE	IURSING HOME OF	Church Host	DENCE BEFORE	Fave AOMISSION)	tte Street	Constr	uction.	110	ing
13a STATE	13b COU	VTY 13c. CIT	TY OR TOWN	N I	34. INSIDE CITY LIMITS?		DRESS / ZIP CO		
Maryland 14 FATHER'S NAME			Baltin		YES X NO		. Chape	1 Stree	t 21231
FIRST		MIDOLE	LAST		FIRST		MIDOLE		LAST
Anthony			asiews			nown	1000000		
160 WAS DECEASED EN	(IF YES, GIV	F WAR OR DATEST	CIAL SECUI		17 INFORMANT		ADDRESS		
Yes	WW	11 22	9-07-9	1457	Helen Cegiel	ski 223	1 Bank		21231
PART I. DE AT	WAS CAUSE	nly one couse per line for			JLMONARY E			BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
190. DATE OF OPE JANUAR 210. ACCIDENT WAS	REC	URRENT CAI	NCER	COLO		MIN AL DISEASE C		YES, WERE FINE	
JANUAR							IN CEI	RTIFYING CAUS	ES OF DEATH?
210. ACCIDENT WAS				CAN	CER COLON 216. HOW INJURY OCCUP		IO X	YES	NO 🗆
da carmania [CAUSE OF DE	HOUR A.M. M				/ EMIER ANION	CO INJUNI IN HEM	-U-ARTION PARTZ	
(IF EITHER, NOTIFY A		P.M.	IDV	19	ZII. LOCATION				
WHILE NO	WHILE WORK	I AT HOME, STREET, FACT		ARM, ETC)	STREET		ITY OR TOWN	COUNTY	STATE
				JANU	ARY 20 8	7 JAN	UARY 2	7 87	
770.1 certify that	(I) (his hosp	JANUARY 8	2270		that in (my (our) opinion				, that (l) (we)
obove, (I) (Nu	(did no	ot) view the body after de	eoth			Geom occurred (in the dote and		
226. SIGNATURE	6.	-7	. 0.	,,	EGREE ATTENDING	MEDICAL	STAFF	22c DA	TE SIGNED
	Ores	yeu	con	ne	PHYSICIAN	DIRECTOR	PHYSICIAN		107/
22d. PHYSICIAN'S	NAME TIME	7		1000	??e ADDRESS CHU	RCH HOR	ROX HO	SPITAL	CORP.
K. G	EORGE	THOMAS, 1	MD.		100 N. BR	OADWAY	BALTIM	ORE, M	D. 212:
230 BURIAL, CREMATIC	N, REMOVAL	23b. DATE	23c N	IAME OF CE	METERY OR CREMATORY	23d. LOCATH		COUNTY	STATE
		1-31-87	Но	Ly Ros	ary Cemetery	D-14	imoro		- 1 .
Burian 24 FUNERAT DIRECTOR			ACDRESS	4	25a. D.A	TE REC'D BY REG	ISTRAR 256. REC	ISTRAR'S SIGN	ATURE
	eber &	Sons, Inc.		Cho	ster St	AIA CO I	101. Jul	lia Denda	r. Randall

Chester St.



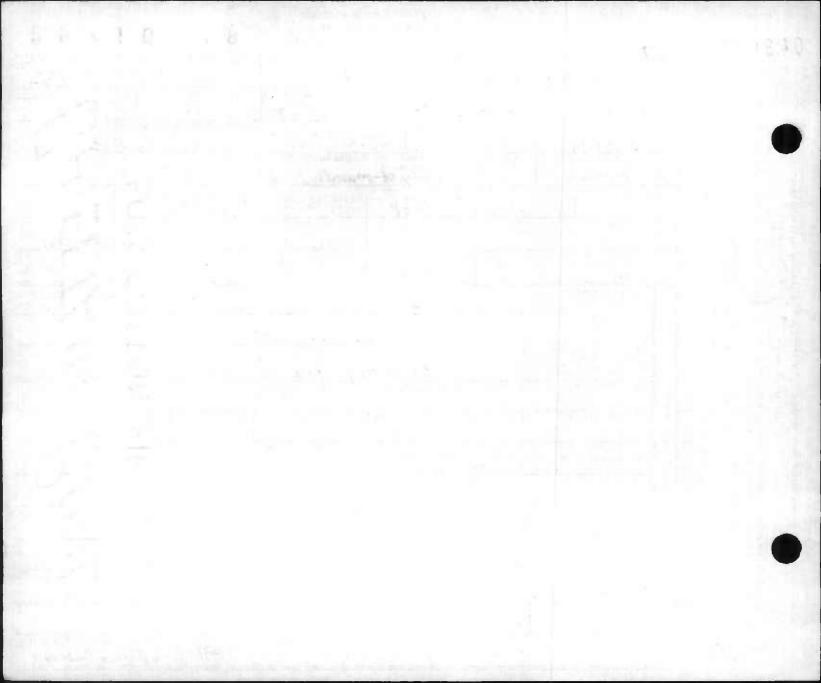
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1 22 BZ		HPLACE (STATE OR FOREIGN UNTRY)	76. CITIZEN OF W	HAT COUNTR	MARRIEI WIDOWE	DIVORCED	9 BALTIMORE	CITY OR COUN	TY OF DEATH,	County to
9 24 9	ID CITY	OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NUR		OR OTHER INSTITUTION	12a USUAL OC	CUPATION	126. KIND	OF BUSINESS OR
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ND 212	13a. ST.	RESIDENCE (IF NURSING HOM		13c. CITY OR TO		13d INSIDE CITY LIMITS?	13e.STREET AD	DRESS / ZIP CO	DE R	14/5/7/4
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MAR. 1 48/00	2	FIRST	MIDDLE	LAST		Malley	(A	5.		FICHNS
Logic Control		S DECEASED EVER IN U.S., NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SE	CURITY NO.	17. INFORMANT /	Braddoo	ADDRESS k Height	cs, Md.	21714
新教教		8 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	r anly ane cause per l	ine far (a), (b),	and (c).)			1	APPRO BETWEET	XIMATE INTERVAL N ONSET AND DEATH
1 1 1			DISED BY:	ardi	O. RC	spinatory	arke-	1	5	2 homs
No de series			DUE TO, OR	AS A CONSEC	DUENCE OF	, ,	1-		4 7 7	
BST dead dead the state of the		Canditians, if any, which	(b)	seve	e Pa	emature	ty			
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of the			(c)		mona	1 1 1 1 1 1	plusta			
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NG PHYSICIA offending pi fits: this certifi os the buriol-th on the buriol-th hand Meetal	20	14 INJURY OCCURRED	?1e PLACE C	F INJURY ET, FACTORY, OFFIC	(E, FARM, ETC.)	211 LOCATION STREET		ITY OR TOWN	COUNTY	STATE
NG NG office of the state of th		T WORK NOT WHILE AT WORK								
O O O O O O O O O O O O O O O O O O O	2	20 I certify that (I) (this has saw the deceased alive		deceased from		21 1 19/87	10 Jus			, that (I) (we) last
A STATE OF S		abave, (I) (we) (did) (did	nat) view the bady o	itter death.		id that in (my) (aur) opinio	in death accurred (on the date and h		
the ha	H	76. SIGNATURE	0.1	chin	2	DEGREE ATTENDING		STAFF	22c. DAT	21/87
OSPITA HUNERA Ald be de the Stot	1 1	24 PHYSICIAN'S NAME (TY	PE OR PRINT)	June	Jan 1	PHYSICIAN 22e ADDRESS	DIRECTOR _	PHISICIANIA		//-/
D HOSI Solited Deauld b M H He		Kevind	· Vhilly	PS						
Ri Ezig		RIAL, CREMATION, REMOV	AL 236. DATE	23	C. NAME OF C	EMETERY OR CREMATOR	23d, LOCATI		COUNTY	STATE
BP		Removal	1-29-8	7						5 5 5 6
	24 FUN	ERAL DIRECTOR				25g D	ATE REC'D. BY REC	ISTRAR 256 REG	STRAR'S SIGNA	ATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Anatomy Board

Balto., Md.

FEB 4 0 1987 Julia Diridon-Rudales.



STATE OF MARYLAND DEP

ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATE	OF	DEATH	

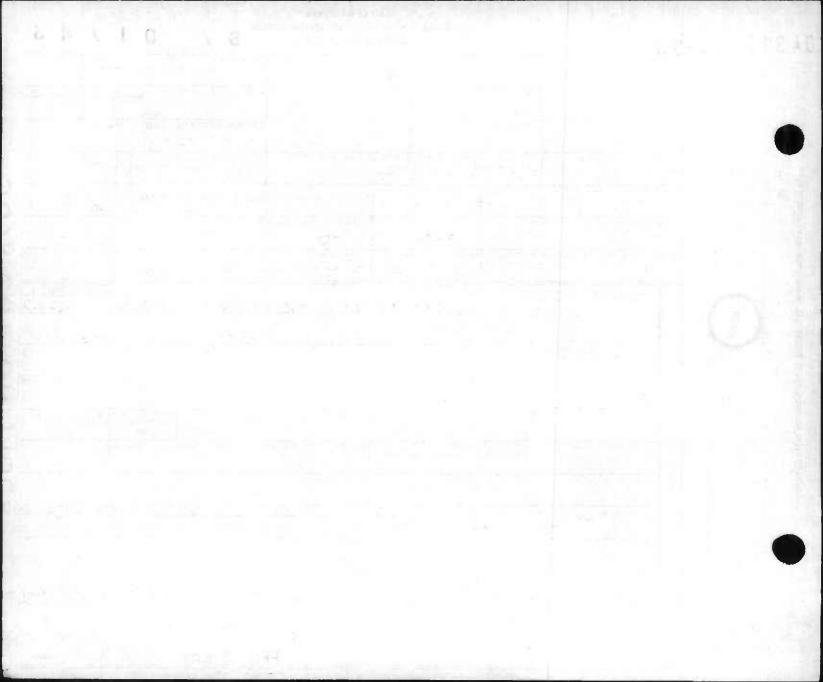
		FOR STATE REGISTRAR			DEPA				GIENE 8	REG.	NO.	1	1	4	3
		CEASED NAME OR PRINT)	First Sarah						2a. DATE	HTA3D 7C		8 19	YEAR 987	2b HOU	JR AA
	3. SEX	(4 RACE					6. AGE (II	N YEARS LAST E	SIRTHOAY)				
	f	emale		M Watkins 1 28 1987	MIN.										
-			OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8	- D vieves		9 BALTIM	ORE CITY		Y OF DE	ATH		
1		Va Va		USA			(/		Bal	timor	e cit;	У			MD
1	111	rorrown of d ltimore	EATH	ARACE S. DATE OF BIRTH BAY THANK S. DATE OF BIRTH BOOKE 1 TEAR TOURDER 24 HES. 1/26 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DONORCED BALTIMORE CITY OR COUNTY OF DEATH 1/26 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DONORCED BALTIMORE CITY OR COUNTY OF DEATH 1/26 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DONORCED BALTIMORE CITY OR COUNTY OF DEATH 1/26 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DONORCED BALTIMORE CITY OR COUNTY OF DEATH 1/26 CITIZEN OF WHAT COUNTRY OF DEATH BALTIMORE CITY OR COUNTY OF DEATH 1/26 CITIZEN OF WHAT COUNTRY OF DEATH BALTIMORE CITY OR COUNTY OF DEATH 1/26 CITIZEN OF WHAT COUNTRY OF DEATH BALTIMORE CITY OR COUNTY OF DEATH 1/26 CITY CIMITS SALTIMORE CITY OR COUNTY OF DEATH 1/26 CITY CIMITS SALTIMORE CITY OR COUNTY OF DEATH 1/26 CITY CIMITS DONORCED DONORCED DONORCED DONORCED DONORCED DONORCED DONORCED DONORCED DONORCED 1/26 CITY CIMITS DONORCED DO											
-	USUA 13e. S1	TATE MO			13c. CITY OR TO	NWC	7.7						nue	212	218
1		THER'S NAME William	A	AJDOLE	Arvi	.n		FIRST	ME	MIDDLE					
	16a W	AS DECEASED EVI	SED NAME 1831 MODIL 1.35 IN DATE OF DEATH 1. DATE OF DEAT		- 100										
	I, I	NO OR ORKHOWN)	fir tes, Give	WAR OR DATES	217 22	2842	Betty	Watkir	ns 24	66 Br	entwo	A bc	venu	.e	
	NO	gave rise to i couse (a), sta underlying cou	mmediate ting the ise last.	(c)			NOT RELATE	TO THE TERM	AINAL DISEA	ASE OR CO	NDITION GI	IVEN IN F	PART He		
1	CERTIFICATION	19a DATE OF OPER	RATION	19b. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFO	DRMED			IN CERT	IFYING C		OF DE AT	TH?
1		OR CONTRIBUTING	CERTIFICATE OF DEATH REG NO												
	MEDICAL	WHILE NOT	WHILE [21e. PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)				CITY OR T	NWOI	CO	YIMU		STATE
		sow the dece obave((1)) we				87.0		19 <u>84</u>) (our) opinian	deoth occur	red on the	date and ha				
		226. SIGNATURE	icia	Hos	P-10	led	140		MEDICA	L ST	AFF ICIAN []	27	1/E	30/2	87
		Alicia Alicia	LA.	Cool-			220 ADDRE	EUni	iversi	Ly	Pkw	y B	alk	He	2/2/8
	23a. Bi	URIAL, CREMATION SPECIFY Burial	N, REMOVAL	23b. DATE 2/2/	87	Cedar H	EMETERY OR	metery	Ann	CAMON ITY OR TOWN E	Arunde	elcoun	Co	N	idie

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
Wm. C.M. March F/H 1101 E. Norths Avenue

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

FEB 3 1987 Julia Dendon Parlace



DHMH - 16 60M 7/84 (VRA 15, 4)

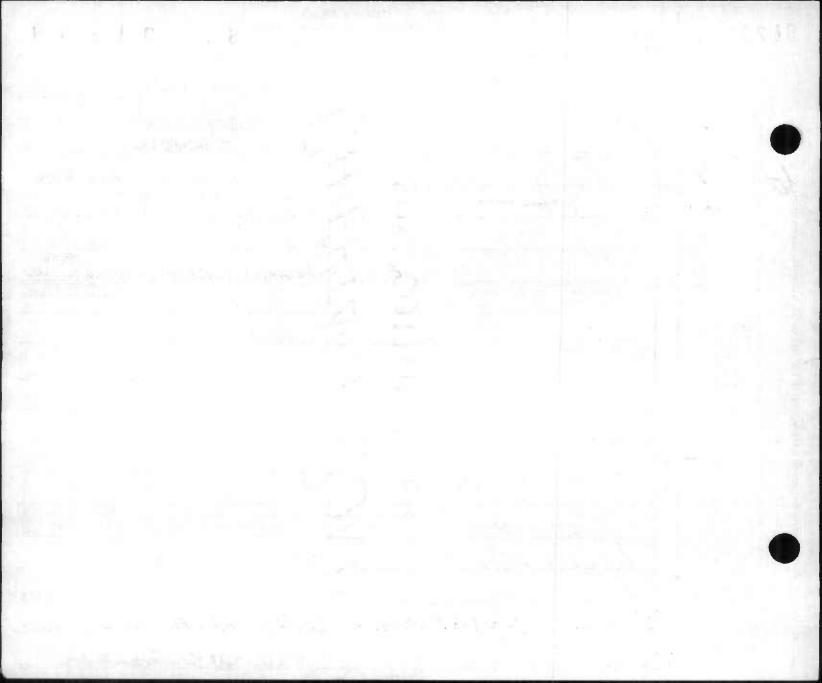
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

8	trug		
2	1		1 3
3			
	RFG.	NO	

1144

- 10	REGISTRAR		CERTIFICATE OF PEATIF	REG. NO).	
	1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	Thelma	14	Patkins	/	20 87	500 PM
	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT		
	Female	Caucasan	06 05 12	74	YRS MONTHS DAYS	HOURS MIN.
-	7a. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
1	mo	US	WIDOWED DIVORCED [nore	MD.
C	M CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
2	Baltimere	University	of Mp	Howen	Re. DINN	Home
1	USUAL RESIDENCE (IF NURSING 1991) 131 COLIN	OTHER INSTITUTION, GIVE RESIDENCE OFFI		13e.STREET ADDRESS /	71P CODE	14446
0	Debubre	1.246	2/ YES NO X	129 Sha	/	10954
0	14 FATHER'S NAME	MIDDIE LAST	15. MOTHER'S MAIDEN	NAME		
-	Clauton	Lucas	Doca	MIDDLE	Frederic	E
3	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDRE		1456
	(YES, NO OR UNKNOWN) (IF YES, GIV	222-09	-5855 7, FRONWAT	KINE 1295how	entown RD LW	rel De
	18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), a		7017 07111	APPROX BETWEEN	IMATE INTERVAL
	PART I. DEATH WAS CAUSE	D BY:	todalimason 1	Treet	BUWER	ONSET AND PEARL
	IMMEDIAI	E CAUSE (o)		1.631.		
	Conditions, if ony, which	DUE TO, OR AS A CONSEQU	VENCE OF	2		
	gove rise to immediate	(b) (l)	Million Co			
	couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	UENCE OF			
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TE	DAAINIAI DISEASE OR CONF	NITION CIVEN IN PART 1	
		ONDITIONS CONTRIBUTING TO	DOLATE BOT NOT RECATED TO THE TE	KMINAL DISEASE OR CONE	ATTION GIVEN IN PART TI	0
-	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDIN	NGS USED
and a	E 1/1 /01	Biverticular	Abers	YES TI NOT	IN CERTIFYING CAUSES	OF DEATH?
_	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCC	URRED (ENTER NATURE OF INJUR		140
		TH HOUR A.M. MONTH	DAY YEAR	(2.11)		
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION			
		(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOV	VN COUNTY	STATE
	AT WORK AT WORK	tal) attended, the deceased from	12/22 10 8	(a : //	20 10 87	that (I) (we) lost
	sow the deceosed glive on obove, (1) (we) (did/(did no	1 /	87, and that in (my) (our) opinion	an death occurred on the do		((
	obave, (1) (we) (did) (did no	t) view the bady ofter death.	DEGREE		22c DATE	
	1/1 . 1	\sim	ATTENDING		F ~ /-	1- ~
1	22d PHYSICIAN'S NAME (TYPE O	don't form	PHYSICIAN 22e ADDRESS	☐ DIRECTOR ☐ PHYSIC	IAN MIN	0/8/
	///		22.0		,,	
_	Valerie L.	11/00re		weene St. B.	altimore M	d. 21230
	23a BURHAN, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION	COUNTY	STATE
	RURIAL	11-23-81 /	HUREI HILL CEMETE	MY LAUREL	- 2058PX 4) of rune



			STATE OF MARYLAND		
FOR			OF HEALTH AND MENTAL HYG	IFNE AN POR	a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STATE			RTIFICATE OF DEATH	8 7	0 1 / 4 2
REGISTRAR				REG. NO.	3
EASED NAME	FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
DR PRINT)	eslie	A)	WATSON	1	8 87 512 1
	4 RACE			& AGE (IN YEARS LAST BIRTHDAY)	O O O M
0 - 0	4 KACE		ATE OF BIRTH MONTH_ DAY YEAR _	AGE (IN YEARS LAST BIRTHDAT)	MONTHS DAYS HOURS MIN.
male	CESTO	Uner.	9 12 57	29 YF	
THPLACE (STATE OR FOR	REIGN 71 CHILEN OF	WHAT COUNTRY? 8		9 BALTIMORE CITY OR COU	
DUNTRY)	1		ARRIED MEVER MARRIED	Brodin	0
Y OR YOWN OF DEATH	11 NAME OF		DOWED DIVORCED	Tacul 11	rore city MD.
Y OK POWN OF DEATH		HOSPITAL, NURSING HO	OME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Saltimor	e Deator	Hospital +	Medical Center	Welder.	U.S. Broast Grand
		N, GIVE RESIDENCE BEFORE ADMIS		1	238-4
J. J.	36 COUNTY	THE STY OR TOWN	YES IN NO I	13. STREET ADDRESS ZIP CO	
THER'S NAME	-	1	IS, MOTHER'S MAIDEN NAM	000	
FIRST	MIDDLE	LAST	FIRST	WIDDIE	LAST
Vesley		Watso	K Lubu	A	Was Ker
	U.S. ARMED FORCES?	166. SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESS	1.00
ES, NO OR UNKNOWN	(IF YES, GIVE WAR OR DATES)	12146830	21 04 112 1	1 141 1	1 1 2 1
163 V	ALC. NAT. GURD	DIT VOU	21 4NV1115 17	1. WATSON S:	33 VAIC HULLY
18 CAUSE OF DEATH	(Enter only one cause pe	er line for 191, (b), and (c).)	- 1	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	MMEDIATE CAUSE (0)	Lospe	wtory U	Gress	
		THE STATE OF THE PARTY OF	- 1 7	6	
Carabican of annual	. 4.7.4	OR AS A CONSEQUENCE	a. 10, 11)	Lavenoma	
Conditions, if ony, v		Jegenso	Linear	0.00	
couse (o), stoting	the DUE TO, O	OR AS A CONSEQUENCE	OF		159
underlying couse	lost.				
PART 2 OTHER SIGNIF		ONTERNITING TO DEATH	H BUT NOT RELATED TO THE TERM	INIAI DISEASE OF CONDITION	COVENIAL BART LAND
PART 2. OTHER OLD.	Was a series of the series of		TOUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
19a DATE OF OPERATIO	ON 19h, CONE	NITION FOR WHICH OPER	RATION WAS PERFORMED	20g AUTOPSY? 20b. IF	F YES, WERE FINDINGS USED
THE DATE OF STREET		ALION TON TIME.	ATION WAS TEN SKINES	IN CE	ERTIFYING CAUSES OF DEATH?
				YES NO	YES NO
210. ACCIDENT WAS UNDER	LIQUE A		21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I ORPART 2)
OR CONTRIBUTING CAL	OSE OF DEATH	M. MONTH DAY			
(IF EITHER, NOTIFY MEDICAL		P.M.	19		
214 INJURY OCCURRE		OF INJURY TREET, FACTORY OFFICE, FARM ET	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK	8	REEL PACIONT OFFICE, LANDING E.			
	this base that Intended the	he deceased from De	10 SV	- Jan. 8	19 87 that the (we) lost
220.1 Certify mor (ne deceosed from		7, 10	, 19 0 , that (I) (we) last

OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES 214 INJURY OCCURRED WHILE NOT WHILE 22a. I certify that (It This base in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATUR DEGREE

226 PHYSICIAN'S NAME (TYPE OR PRINT USEY

1/13/87

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

Arbutus Mem.

ATTENDING

Cem.

MEDICAL STAFF
DIRECTOR PHYSICIAN

23d LOCATION

22c. DATE SIGNED

STATE Md.

Buria 24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

FOR - STATE ! /.REGISTRAR DECEASED NAME

(TYPE OR PRINT)

To. BIRTHPLACE

MARIL

14 FATHER'S NAME FIRST 160 WAS DECEASED EVER

LIPS

3. SEX

inctor, page 3

USUAL RESIDENCE (IF NURSING HOME OF

March F.H. 4300 Wabash Abe.

236 DATE

250 DATE REC'D BY REGISTRAR 216 REGISTRAR'S SIGNATURE

JAN 1 2 1987 Julia Director Rend Jilia Dardon Randall

DHMH - 16 60M 7/84 (VRA 15, 4)

etoined by the hospital

BP.

Then pleo r to buriol,

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to TO FUNERAL DIRECTOR: After this certificate has been

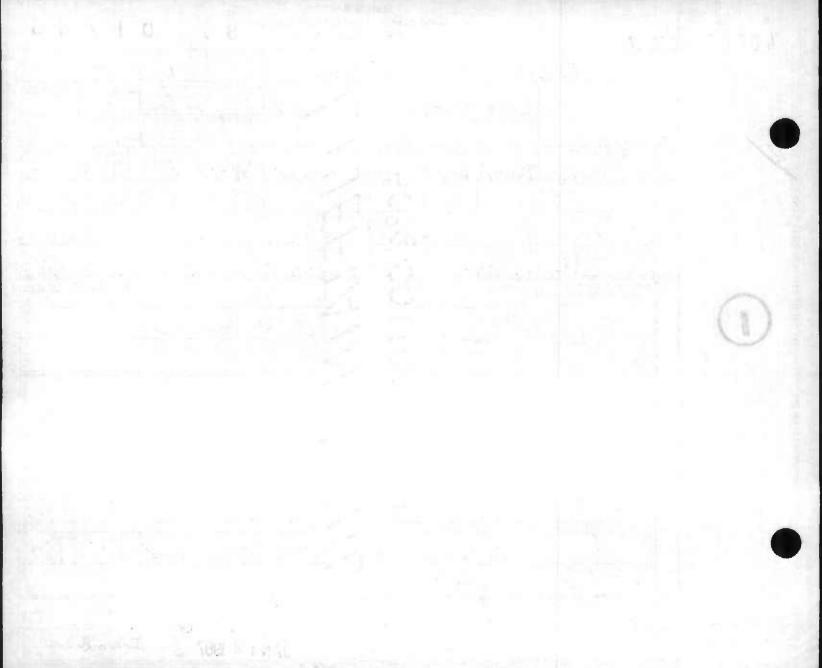
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or Item

IMPORTANT: If Item 21 is

CERTIFICATION

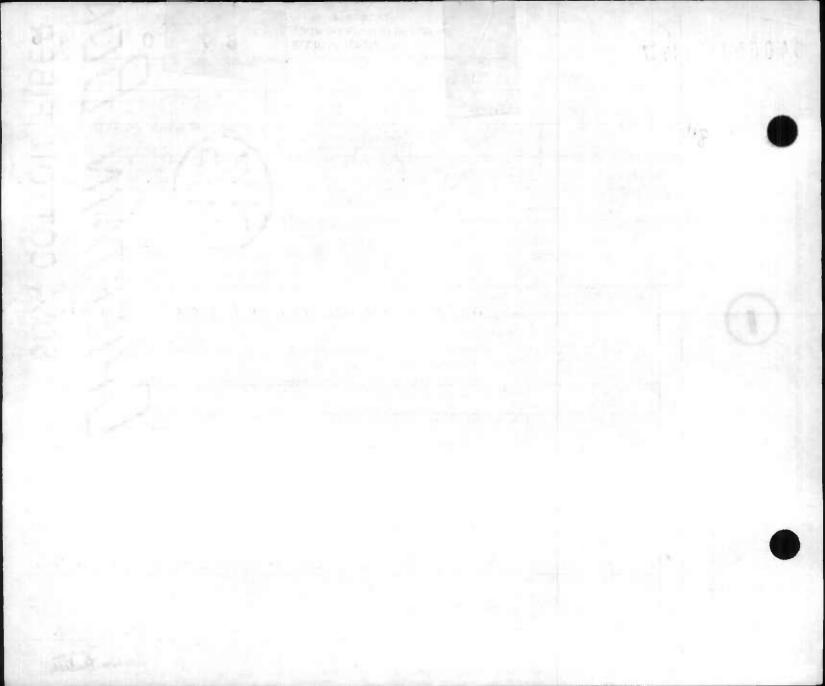
MEDICAL

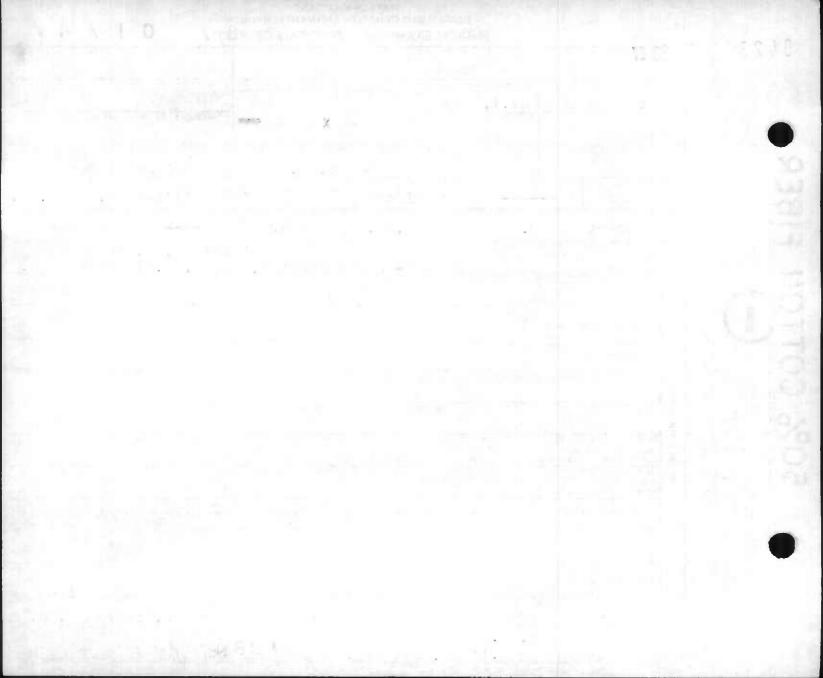


STATE OF MARTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

N	14	FOR STATE REGISTRAR		DEPARTMENT OF H	ICATE OF D		BIENE 8 7 REG. N	o. 0	1 /	4 6
		CEASED NAME FIRST E OR PRINT) Gera	ald Maso	n Wayb	right			1 10		2b HOUR
1.	3 SE	Male	4 RACE White	S. DATE C		.1919	6. AGE (IN YEARS LAST BIR	YRS	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
*	We	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT O	MARRIE		ORCED	BALTIMORE CITY O	R COUNTY O	FDEATH	MI
C	Ba	altimore	3646 Hicko	ry Ave. 21		TUTION	Stationary	ON of working life) Eng.	Rock1	and Inc
L	130. 5	AL RESIDENCE (IF NURSING HOM STATE Md.	E OR OTHER INSTITUTION GIVE RESIDENTY	DENCE BEFORE ADMISSION) OF TOWN	13d. INSIDE CIT	Y LIMITS?	3646 Hicjor	zip code cy Ave.	21211	
0	14. FA	Clifton		aybright	Mary F	MAIDEN NAI	WE	Benn	ett LAST	13
	16a V	WAS DECEASED EVER IN U.S. YES, WOORLINKNOWN) I IF YES		-12-9747	Linda V		ght 1803 Col		t. 212	34
	NOI	Conditions, if any, which gove rise to immediate couse io), stating the underlying cause last	DUE TO, OR AS A ((b) DUE TO, OR AS A ((c)	CONSEQUENCE OF					ma	nale interval uset and Death Me
9	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION F	OR WHICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	206. IF YES, V IN CERTIFYIN YES	VERE FINDIN NG CAUSES	GS USED OF DEATH? NO
9	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MOINER) P.M.	ONTH DAY YEAR	21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 211 LOCATION					
	,	WHIE NOT WHIE AT WORK 220.1 certify that (1) (this has a the deceded alive above, (1) (wa) (and) (and 22b. SIGNATURE	on I not) view the body after de	19 <u>87</u> , or	DEGREE	TENDING:	, to	F	nd from the c	
		22d PHYSICIAN'S NAME (17 Barbara Co			220. ADDRESS 6506	Park	Heights Ave		1//	
	1	BURIAL, CREMATION, REMOV ISPECIF BUrial	23b. DATE 1-13-87		emetery or cr s of Fai		23d LOCATION CITY OR TOWN	Balto	OUNTY	Md. STATE
		uneral director urgee-Henss Fu	meral Home 3	631 Falls	rd. 2121		12 1987	256 REGISTRA		RE

DHMH - 16 60M 7/84 (VRA 15, 4)





completely filled in by the funeral director, page 3 , I and 2 should be filed within 72 hours after death

Jopers. Poges 1 medical

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FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

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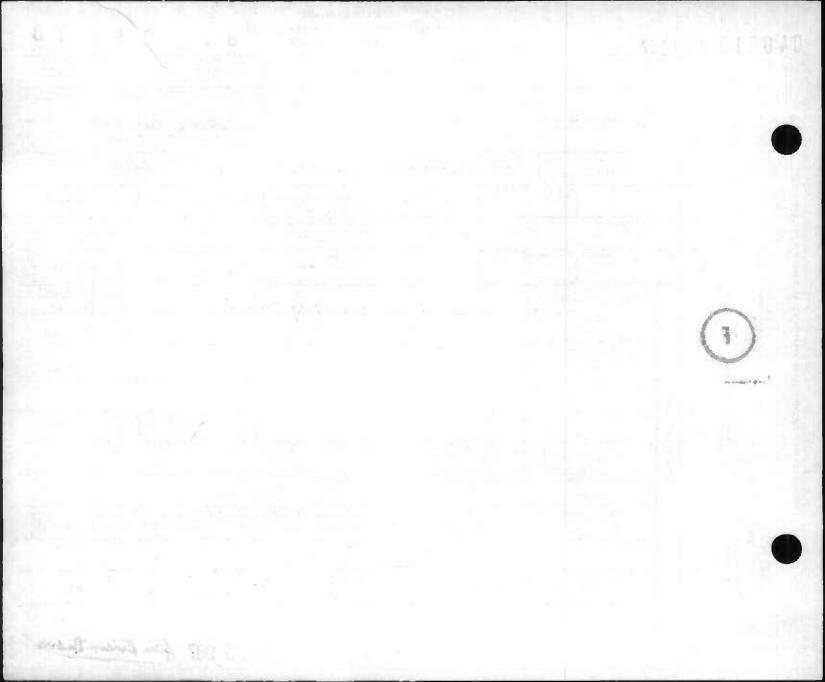
I. DF	REGISTRAR				REG. NO			
	CEASED NAME FIRST THOM	MIDDLE WI	EATHE	RS	JANUARY 1	HINON	987	26 HOUR 2:25
3 SE	x LE	4 RACE BLACK	5. DATE O	F BIRTH 1°5′ 5′5′	6 AGE (IN YEARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 H
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? USA	8. MARRIEL WIDOWE	DIVORCED	9 BALTIMORE CITY OR BALTIMOR	COUNTY	OF DEATH ITY	11/2
	ITY OR TOWN OF DEATH	THE "SOUTH SPITAL, NURSIN			120 USUAL OCCUPATION OF THE PROPERTY OF WORK OF WORK OF THE PROPERTY OF THE PR			F BUSINESS
	STATE 1136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY BALLILMOR		13d. INSIDE CITY LIMITS?	130 SIREET ADDRESS (1	ZIP CODE	EET 2	1205
	ATHER'S NAME CRRY	MEATHER'S		15. MOTHER'S MAIDEN NAME ELIZABETH	ME MIDDLE	L	IGHTNEF	4
	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECUL 21958119		17 INFORMANT ELIZABETH WE	ADDRES		RAL ST.	21213
	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE DOWN	NCE OF	monary or	rest		9	min day
	anderlying coose last.			107.05	NAME OF STREET		FALLE LEVEL 1	
ATION		CONDITIONS CONTRIBUTING TO D			200 AUTOPSY?			
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT	19b. CONDITION FOR WHICH	OPERATION Y YEAR		200 AUTOPSY?	206. IF YES IN CERTIF' YES	, WERE FINDIN YING CAUSES	NGS USED

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, a

24. FUNERAL DIRECTOR MARCH FUNERAL HOME 1101 E. NORTH AVENUE ANNE ARUNDEL



4 2	148 J	AN I	9	FOR STATE REGISTRAR		DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	YGIENE 8 ZREG. N	。 0	1 7	4 9
	m #			CEASED NAME OR PRINT)	FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	nay be page 3 er death			RU*	TH	J.		VEBSTER	January	23, 1	987	9:00 M
10	fer p		3. SE			4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BI	THDAY) IF	UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
1	recto urs a	1		Female		White		24, 1899	87	YRS.		
0	deoth. P.	5		RTHPLACE (STATE ORFO		76 CITIZEN OF WHAT COUN	MARR		Baltimore city of Baltimo			MD.
	by the full filed with	50		ty or town of DEA Baltimore	ТН	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE 1000 Woods	STREET ADDRESS)	A - 1 -	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Sales		IN JUSTRY	Gov't.
BALTIMORE, MARYLAND 2120	hin 24 havr ly filled in the should be f	-	13a. S	AL RESIDENCE (IF NURSE	NG HOME OR	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION		13e.STREET ADDRESS			
MARY	on with			James		Pau Pau		Joseph ine	MIDDLE		Atich	ison
ORE,	Pages			VAS DECEASED EVER 1		MED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDR	SS		
TI	S. Po			No		218 2	2 0695	Wilson Ba	y, Balto.,	MD	21201	MATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	equires that the death cert is signed by contending Then fless trabeloid.	injury, ay othe traumati	TION	Canditions, if any, gave rise to imm cause (a), stating underlying cause	which dedicate go the last.	0 1 10	SEQUENCE OF	W- AU	euro			
AL REC	on. hos be	2	CERTIFICATION	190 DATE OF OPERAT	ION	196 ONDITION FOR W	HICH OPERATI	ON WAS PERFORMED	200 AUTOPSY? YES □ NO 🕏	20b IF YES, V IN CERTIFYIN	NG CAUSES	
OF VITA	SICIAN: T ng physici certificate rial-transi ental Hygi hem 18 ch		EDICAL CER	710. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOT IFY MEDIC	AUSE OF DE A	HOUR A.M. MONTH	DAY YEA	3	URRED (ENTER NATURE OF IN)U	RY IN ITEM 18 PART	I OR PART 2)	
IVISION			MEDI	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LE 🗀	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	FFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn 33	COUNTY	STATE
	ATTENI Sepital SECTOR: d for us			sow the decease	O CHARLES	tal) attended the deceased f	19 <mark>86</mark>	and that i (m) (aur) apinio	on death accurred an is d	ate and haur o	nd from the	tho (1) we) last couses stated
	by the hy ERAL DIRE e detache State Dep			27d PHYSICIAN'S NA	14	don 7	<u>)</u>	ATTENDING	MEDICAL STA DIRECTOR PHYSIC		1/2	3/87
	TO HOSPITAL retained by t TO FUNERAL should be det with the State					Bedon, MD		GBMC				
	Of Office of State of		23a. E	BURIAL, CREMATION,		23b. DATE	73c NAME OF	CEMETERY OR CREMATOR			- Cultury	
	BP			Burial		1/27/87		nore Nationa		nore,	OUNTY	MD
	DHMH - 16 60M 7	/84	24. FU	UNERAL DIRECTOR	Henr	y W. Jenkins	& So	ns Co. 25a D	ATE REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	Parlock
	(VRA 15, 4)		49	905 York	Road	Balto. M	21	212	IAN 28 1987	file o	Delanar A	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE
LAS1	2a DA

STATE REGISTRAR			DEP	ARTMENT OF F	FICATE OF E		8 /	PEG NO	0 1	1	5 0
CEASED NAME	FIR51		MIDDLE		LAST		2a DATE OF DE	(20,110)	H DAY	YEAR	25 HOUR
	ZABE	ГH	T.	WE	EGLARS	KI	JAN.1	0. 19	87		2:09A M
X		4 RACE		5. DATE O			6. AGE (IN YEARS			ER 1 YFAR	IF UNDER 24 HRS
Female	4 9	White		Dece	mber 18	1909	77		YRS	DATS	HOURS MIN
CONTROL PRINTED	KOREON .	76 CITIZEN OF	WHAT COUN	TRY? 8	NEVER /		9 BALTIMORE	CITY OR CO		EATH	
Pennsylvan	ia	U.S.A.		WIDOWI		VORCED T	BALTI	MORE	CITY		MD
BALTIMOR			HOSPITAL, NU THEACILITY GIVE S HOPK	JRSING HOME (STREET ADDRESS) LINS HO	OR OTHER INS		12a USUAL OCC (TYPE OF WORK FOR	MOST OF WOR	KING LIFE) IN	DUSTRY	of Business or ntary
Pennsylvani	IN COUN	OTHER INSTITUTION. LTY	13c. CITY OR New Fr		13d INSIDE C	ITY LIMITS?	13e STREET ADD		CODE clin S	tree	t 977349
ATHER'S NAME		WIDDIE	LAST		15 MOTHER'S	S MAIDEN NA		IDDLE		LAS	ST
Oliver	ates a	onewall	Tof	fling	Ann		Ma	ria	Re	eine	
WAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMA	NT		ADDRESS			
No			215-4	0-6113	Thadd	leus We	glarski,	D.D.S		ne a	
18 CAUSE OF DEAT PART I. DEATH W	IAC CALICE!	E CAUSE (o)	CARDIA	EQUENCE OF	REST						MINUTES
Conditions, if ony		(b)_(GASTRO	INTESTI	NAL B	LEEDIA	VG			30	MINUTES
gove rise to immouse (o), stotic underlying couse	ng the		RAS A CONS	GEAL	VARIC	ES	266			6	YEARS
PART 2 OTHER SIGN		MYFLOG			NOT RELATED	TO THE TERM	INAL DISEASE OF	CONDITIO	ON GIVEN IN	PART 110	0
1% DATE OF OPERA	TION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	20a AUTOPS	IN	IF YES, WER		OF DEATH?
210. ACCIDENT WAS UNI	DERLYING F	21b. TIME C	E IN ILIBY		I 21r HOW IN	IIIDV OCCUPS	RED (ENTER NATURE		YES	0.04.03.20	NO 🗌
OR CONTRIBUTING	CAUSE OF DE A	HOUR A.	M. MONTH M.	DAY YEAR			(ENIER NATURE	OF INJURY IN II	EM IS PART I OF	CPARI 2)	
216. INJURY OCCUR	HILE [21e PLACE (AT HOME STI		FFICE, FARM ETC)	21f LOCATIO		CI	TY OR TOWN	cc	YINUC	STATE
22a. certify that (I) sow the decease	ed olive on	JAN	10	921	nd that in (my)	, 19 8 7 (our) opinion (deoth occurred or	the date o	nd hour and t	from the	that (It (we) lost couses stated
obove, (I) (we) (c	Um		offer deoth.		VII	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF Y	2	1/10	SIGNED
JON.	R. F	RESAR			JOH	1890 A	OPKING	ST-(2	3295A	+L	
BURIAL, CREMATION,	REMOVAL	236 DATE		23c. NAME OF C	EMETERY OR	CREMATORY	23d LOCATIC	OWN	COU	NIY	STATE
Burial		01/13/	1987	Dulaney	Valley		Cocke	ysvil	Le, Ma	ryla	nd
UNERAL DIRECTOR						25a. DAT	E REC'D. BY REGI	5 1 KAR 256. F	REGISTRAR'S	SIGNAT	URE

OHMH - 16 60M 7/B4 (VRA' 15, 4)

Burial | 01/13/1987 | Dulaney Valle
14 FUNERAL DIRECTOR
Leonard J. Ruck, Inc. Baltimore, Maryland

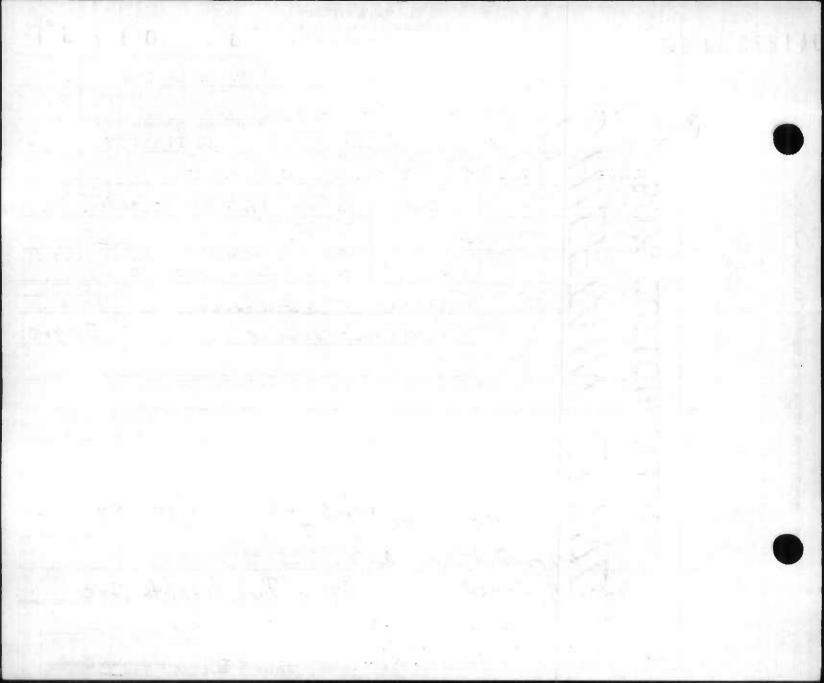
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BASTE CREEK MACHINES IN THE ENGLISHED THE STREET

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	

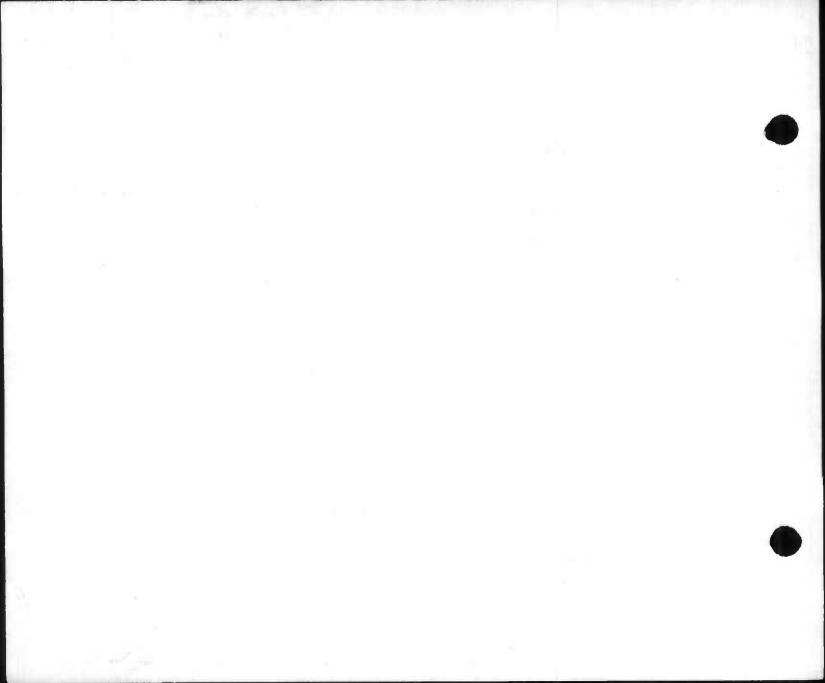
87	FOR STATE REGISTRAR				EALTH AND MENTAL HYG	IENE 8	REG. NO	0	1	1	5	1
	ECEASED NAME FIRST PE OR PRINT)	MIDDL			AST	2ª DATE O		AONTH	DAY	YEAR	26 HOU	R
L	ROS		DMAN		EINBERG		JARY 1	-			8:54	* ***
3 SE	FEMALE	4 RACE CAUCA		S. DATE C		AGE (IN	YEARS LAST BIRTH	YRS.	MONTHS	DAYS	HOURS	MIN.
	IRTHPLACE (STATE OF FOREIGN COUNTRY) WYORK	76 CITIZEN OF WHA		MARRIEI WIDOWE	D NEVER MARRIED D	9 BALTIMO	DRE CITY OF					MD
10 0	BALTIMORE				PROTHER INSTITUTION VE., APT. 403	(TYPE OF WO	OCCUPATION OF SEWIFE			USTRY	F BUSINE HOME	
130.	JAL RESIDENCE (IF NURSING HOME O STATE MARY LAND	R OTHER INSTITUTION, GIVE NTY 13c.	RESIDENCE BEFORE A CITY OR TOWN BALT IMOI	DMISSION)	13d. INSIDE CITY LIMITS?	13e STREET 7121	ADDRESS / PARK	ZIP CODI HEIGH	E ITS	(010	115)	
14. F	ATHER'S NAME BENJAMIN	FELD.	MAN		15 MOTHER'S MAIDEN NAM		WIDDLE			KNOW	IN	
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNIXNOWN) (IF YES, G	PORT OF THE PART BUILDING	SOCIAL SECUR 215-01-1		17 INFORMANT JOH 20 S.CHARLE		ELL ^{ADD} 31 BALT			N LI 2120		LDG.
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	FD RY.	for (a), (b), and		Throu	chos	is			APPROXI	MATE INTER	S S
NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last	(b) DUE TO, OR AS	A CONSEQUEN	ICE OF	SS CLUSSION OF RELATED TO THE TERMI		SE OR COND	ITION GIV	VEN IN I	2 PART He	041	兮.
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	V FOR WHICH C	PERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O			OF DEAT	H?		
	710. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	JURY MONTH DAY	YEAR	71c HOW INJURY OCCURR	RED (ENTERN	ature of injur	IN ITEM 18	PART T OR	PART 2)		
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	71e. PLACE OF II	NJURY FACTORY, OFFICE, FAR	M ETC }	21f LOCATION STREET		CITY OR TOW	/N	(0	UNIY	5	TATE
	22a.1 certify that (I) (this hosp saw the decorded alive a above, (I) (we) (2.d) (did n	1/1-		•	od that in (my) in opinion of	, to	ed on the do	te and hou	19.28 ur and fi		that (I) (v couses sta	
	22b. SIGNATURE	sioto	lea	he	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFI		22	c. DATE :	SIGNED	
	JONAS H	COHEN	,		6702 P	ark 1	Heia	hts	A	ve	,	
	BURIAL, CREMATION, REMOVA ISPECIFY BURIAL	1/18/87			EMETERY OR CREMATORY EW FRIENDSHIP	23d LOC	BALTO.		COUN	RYL		TATE
	UNERALDIRECTOR SOL I	LEVINSON & VN RD. BAL	BROS.,I	NC. IARYL			REGISTRAR 2			SIGNATI		

DHMH - 16 60M 7/84 (VRA 15, 4)



142749 FER-	1 -	STATE PREGISTRAR	U		ICATE OF DEATH	0 /	G. NO.	3 1 /	5 2
poge 3		CEASED NAME FIRST	A Si		BHNERT	20 DATE OF DEAT	NONTH 087	DAY YEAR 2	26 HOUR
ge 4 may rectar pa ors after d	3. SEX	Female	A RACE White	5 DATE C		6 AGE (IN YEARS LA	YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
2 hours		OUNTRY) Wash	76 CITIZEN OF WHAT COL	JNTRY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CI		Y OF DEATH	
death.	10 CIT	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL	WIDOWE	DIVORCED DIVORCED	Balti 120 USUALOCCU		City	MD. BUSINESS OR
一种 報	Ba	altimore	(IF NOT IN SUCH EXCILITY, G	MANUN	Nunnyit	TYPE OF WORK FOR M		IFE) INDUSTRY	ory Wor
D 212	13a. ST	The second second	NTY 13c. CITY (OR TOWN	13d. INSIDE CATY LIMITS?	13e.STREET ADDRI			O CO.
LAN should be should be sh		ryland	Bal	timore	YES NO NO STATE NO ST		lliam	St. Ral	to.Md.
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MORE, and or Pages		ES. NO OR UNKNOWN) (IF YES. GIV	VE WAR OR DATES)			Wohn ont		alto.Md	
ALTIA re be re be rers. P		NO			Charles R	wennert	, 110	Cedarc	ATE INTERVAL NSET AND DEATH
E., BAL		PART I. DEATH WAS CAUSE	EDBY	CHE				BETWEEN ON	ISET AND DEATH
Mirrorg		IMMEDIA	TE CAUSE (a)	LISTONE NOT OF					
STO		Canditions, if ony, which	DUE TO, OR AS A CO	A SECRETARIA	UN				
the de remain entire entron		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF	1				
har that that that the sase rather at the rather at the rather at the sase rather than the sa		underlying cause last	(c)	HRR	YMIMIA				
NG PHYSICIAN The law requires that the deals Tought cate be executed within 24 hours attending physician. The new requires that the deals Tought cate be executed within 24 hours attending physician. The this certificate has been signed by the attending physician and completely filled in by as the bund-stransit permit. Then please remove carbon papers. Pages I and 2 should be filled and Mental Hygiene prior to bund, cremation, or removal. The and Mental Hygiene prior to burial, cremation, or removal. The and Mental Hygiene prior to ather traumatic event, the medical examiner roust be in a carbon paper.	NO O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR	CONDITION G	IVEN IN PART ILO	
he law read on the law read of the law read on the law read on the law read on the law read on	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	n was performed	200 AUTOPSY?	IN CERT	ES, WERE FINDING IFYING CAUSES O IES	
ON OF VITAL ON OF VITAL ding physicia s certificate th burdi-tronsit. Mental Hygie	E E	210. ACCIDENT WAS UNDERLYING		ITH DAY YEAR	21c HOW INJURY OCCUP	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
SICIANI ng physical certificat hental Hy	CAL	OR CONTRIBUTING CAUSE OF DE.	A I B	,19	1.				
PHYS Indin	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		31 DOUTION SKEET	CITY	ORTOWN	COUNTY	STATE
DIVISIC DING PH or attent After this e as the k		WHILE NOT WHILE AT WORK		-	000000		1		
NON S. A		220 I certify that (I) (this hosp			19	ta	112)		nat (I) (we) last
Spirto CTO CTO d for			at) view he body after deat	19, a h.	nd that in (my) (aur) apinian	death accurred an t	he date and ha		
OR AIT OR AIT DIRECT DOPT. OF		226. SIGNATURE	Chan and		DEGREE ATTENDING	MEDICAL	STAFF	22c. DATE S	IGNED
Al Al		22d. PHYSICIAN'S NAME STYPE	OR PRINT)		PHYSICIAN 1	DIRECTOR PH	iysician 🗌	1 1	3117
TO HOSPITAL etained by the TO FUNERAL should be detined the State with the State IMPORTANT		MAR	ZIL DAVIS		90511	3AUTNA		ELMa	12104
7 5 7 5		URIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	4/64	COUNTY	STATE
BP	04.51	Burial	2/3/1987		Park Cemt	Balti		Marylan	
DHMH - 16 50M 4/83 (VRA 1S, 4)		ccully Funer	lto.Md.212 al Home,13	30. O E.For			1.	Janden Ran	_

STATE OF MARYLAND



requires that the death certificate

STATE OF MARYLAND

3/S	JC EX		DDLE	1.						
L	EX	JOHN				20. DATE OF DEATH	MONTH D	AY YEAR	26 HOU	4
L		_			LLER	1.000	1 20	IF UNDER 1 YEA	R IF UNDER	AM
70	M	4 RACE		S. DATE O		6 AGE (IN YEARS LAST		ONTHS DAY		MIN
	76 BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT OUT OF WHAT USA		HAT COUNTRY?	OUNTRY? MARRIED X NEVER MARRIED WIDOWED DIVORCED			BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY			MD.
1	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET UNION MEMORIAL			DDRESS)		120 USUAL OCCUPA ITYPE OF WORK FOR MOS Manager	T OF WORKING LIFE	INDUSTR	of BUSINE	SSOR
13a	UAL RESIDENCE (IF NURSING HOME . STATE 136 COL	JNTY	ive residence before 2 3c CITY OR TOWN Baltimor	1 1	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	3513 N.	s/ZIPCODE Calvert	St.	2121	.8
14. F	FATHER'S NAME FIRST Karl We	eller	LAST		15 MOTHER'S MAIDEN NA/ Paulir	ne Eberspa	cher		AST	
	WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) 1 IF YES. C	SIVE WAR OR DATES!	66 SOCIAL SECUR 215 07 6		Mrs. Elisabe	ADI	DRESS	13 N.	Calve	21218 ert S
	18 CAUSE OF DEATH (Enter-PART I. DEATH WAS CAUSED IMMEDIAL Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	SED BY: ATE CAUSE (0) C DUE TO, OR (b)	ne for (0), (b), and Pardio pull AS A CONSEQUE To for all AS A CONSEQUE	CE OF	mercia & Acul	e Meral F	arline	Da	DXIMATE INTERINONSET AND I	DÉATH.
CERTIFICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM WAS PERFORMED	INAL DISEASE OR CO	20b. IF YES,	WERE FINE	INGS USED	
E	THE PARTY NAMED IN	100				YES TI NOT	YES		S OF DEATH	
				Y YEAR	AR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM (B PART) OR PART 2)					
MEDICAL	21d. INJURY OCCURRED WHILE NO	21e PLACE OF	F INJURY T. FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	51	ATE
	220 Certify that I) (this has sow the decembed olive above, (1) (ve. did) (did in 22b. SIGNATU	1/30	198		d that in (my) (aur) apinion o	ta, ta	date and haur		that (I) (we causes sto	

should be detoched for use with the State Dept. of Heo

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If He

230. BURIAL, CREMATION, REMOVAL |SPECIFY|Burial

236 DATE 2/2/87 230 NAME OF CEMETERY OR CREMATORY Lorraine Park

22e ADDRESS

Baltimore, Md.

STATE

24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC.

DAVID KAHAN, M.D.

6500 York Rd.

UNION MEMORIAL HOSPITAL

AZAS ELEMENT DE LA COMPANION DELA COMPANION DE LA COMPANION DE LA COMPANION DE LA COMPANION DE

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IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other trou

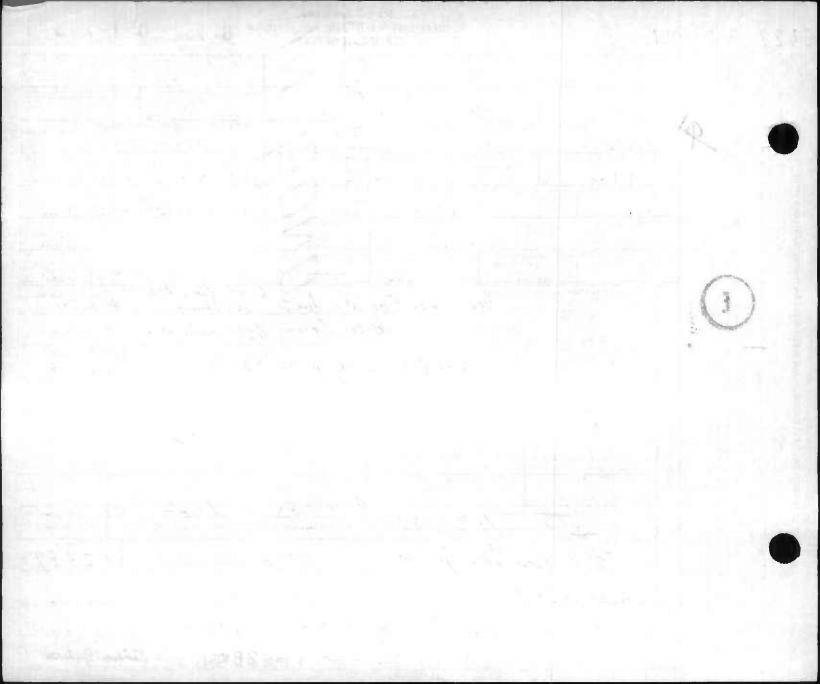
DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

		-		- 4	4	
8	1	0	1	1	3	
	REG NO					

REGISTRAR			CERTII	ICAIL OF D	EATH	REG. NO).		
I. DECE ASED NAMI	E EIRST	MIDDI€	4 - 1 - 1	LAST		2a. DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
[TYPE OR PRINT)	JAMES	J.	M	VELSH			1 22	87	6:55P.A
3. SEX		4. RACE		OF BIRTH		6. AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS
Mal	e	White	MONI 1	DAY 20	27	60	YRS	VIHS DAYS	HOURS MIN.
To. BIRTHPLACE (S	TATE OR FOREIGN	76. CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER M	APPIED []	9 BALTIMORE CITY O		FDEATH	
Maryland	1	U.S.A.	WIDOW		ORCED	Baltim	ore cit	-V	MD
10. CITY OR TOWN	OF DEATH	11. NAME OF HOSPITA		OR OTHER INST	TUTION	120 USUAL OCCUPATION	NC		F BUSINESS OR
Baltin	ore	676 Queens		ad		Dist. Cour			Of Md.
		ROTHER INSTITUTION, GIVE RESID	ENCE BEFORE ADMISSION)	1 13d. INSIDE CI	TV LIAAITS2	13e STREET ADDRESS			
Maryland			timore		NO 🗌	676 Queens		Road	21229
14 FATHER'S NAME		WIDDLE	LAST		MAIDEN NAM			LAS	
Jame	25		lsh	Si	S S	MIDDLE		LAS	Ouinn
160 WAS DECEASE	DEVER IN U.S. AF	RMED FORCES? 166 SOC	TAL SECURITY NO.	17 INFORMAN		ADDRE	SS		
YES, NO OR UNKNO	(IF YES, GI	V II 214	-20-8093	Barbar	a Welsh	h 676 Queen	s Gate	Road	21229
18 CAUSE O	F DEATH (Enter a	nly ane cause per line for t	a), (b), and ic		/	DENTE MADO	MARINE		MATE INTERVAL
PART I. DE	ATH WAS CAUSI	ED BY	win Fibe	allation a	we to	Ischemia		1.0	ite,
	WW.EDIA			0		4 11	1	10	2
Conditions	if ony, which	DUE TO, OR AS A C	ONSEQUENCE OF	vac a	my 1	Theroseler	110	9.1	Oyus.
gave rise	to immediate	(6)			1.	2 /		198	0001
cause (o), underlying	stating the cause last.	DUE TO, OR AS A C	ONSEQUENCE OF	2 Muss a	who ?	Maretino		17.7	2-06
		(c)	y w oc organ	011/11		/-		120	02
	EKSIGNIFICANI	CONDITIONS CONTRIBU	ING TO DEATH BUT	I NOT RELATED	10 THE TERMI	INAL DISEASE OR CONF	ITION GIVEN	I IN PART 1	α.
NOTA 190 DATE OF	OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?	20b. IF YES, W	VERE FINDI	NGS USED
E	0					YES NO	IN CERTIFYIN		OF DEATH?
21a. ACCIDENT	WAS UNDERLYING			21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJUR			110
	NG CAUSE OF DE		NTH DAY YEAR						
OR CONTRIBUTE (IF EITHER, NO. 21d. INJURY C		21e. PLACE OF INJUR	RY	211 LOCATIO	N				
WHILE AT WORK	NOT WHILE	(AT HOME, STREET, FACTO	RY, OFFICE, FARM, ETC)	STREET		CITY OR TO	VN	COUNTY	STATE
		ttal) ottended the deseas	ed from	9.4	10/8 5	10 / - 2	2 10	87	that (1) (we) last
sow the	deceased alive or	1.4	1987	nd that in (my) (our) opinion d	leoth occurred on the do	ite and haur o		
22b. SIGNATU		ot) view the bady ofter dec	oth.	DEGREE				22c. DATE	
7	419.	5 2 2	h MO	A.	TENDING	MEDICAL STAF		1.7	2.87
22d. PHYSICIA	N'S NAME ITYPE	OR PRINT)		122e ADDRESS	HYSICIAN 🙋	DIRECTOR PHYSIC	IAN []	11 6	10/
	1/1	. Y		2455	rad 11	7			
Swist 230 BURIAL, CREM		123b. DATE	23, NAME OF	EMETERY OR C		S Avenue			
(SPECIFY)						CITY OR TOWN	c	OUNTY	STATE LUX
24 FUNERAL DIREC	rial	1/26/87		park Ce		Baltimore REC'D. BY REGISTRAR		-	aryland
NAME			ADDRESS	229		O O ADOS	P 0 ma 1		DKE
Hubbard	Funeral	Home, Inc.	410/ Wilke	ens Ave.	HAN	Z 0 1987 8	who Dea	and K	NO. ST. WHITE



FOR - STATE

MIDDLE

FIRST.

REGISTRAR Y DECEASED NAME

BERNARD

TTYPE OR PRINTS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

WENTKER

(3)	- T	
25	-	
-		
	DEC NI	_

20 DATE OF DEATH MONTH

JANUARY 16.

0	1	1	5	Ani Rep

INDUSTRY

IN CERTIFYING CAUSES OF DEATH?

COUNTY

COUNTY

19_____, that (I) (we) lost

STATE

STARR

YES [

7987

7h HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NOW (Manager)

0725

IF LINUED TA HOS

MD

)
OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTIAND 21201	4
	1
ICIAN: The law requires that the death certificate be executed with the control of the death Page 4 may be	7
physician.	8
erificate has been signed by the attending physician and comp	6
idi-ronsii permit, then piedse remaye carbon pubers, rons	
The second of th	

4 RACE 6. AGE LIN YEARS LAST BIRTHDAY 3 SEX 5 DATE OF BIRTH MONTH YEAR 12/ 1926 MALE WHITE 8/ 60 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTO. MD. U.S.A. WIDOWEDE DIVORCED BALTIMORE CITY IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! BALTIMORE ST. AGNES HOSPITAL & P RETTRED USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
134 COUNTY
134 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 134. INSIDE CITY LIMITS? MD. 605 GIBSON ROAD, BALTO NO I Balto YES 🗍 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Bernard Wentker ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. LIF YES, GIVE WAR OR DATEST 219-18-7947 Mr. Wayne Wentker - Same as #13 Yes WWII 18 CAUSE OF DEATH (Enter only one couse per lime) PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse 101, stating the DUF TO underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70e AUTOPSV? IF YES, WERE FINDINGS USED 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NA 1 CO HALLY IN 18 PART 1 OR PART 2) ∞ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 211 LOCATION 21d INJURY OCCURRED THE PLACE OF INJURY 5 CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) marked WHILE NOT WHILE T 220.1 certify that (1) (this haspital) attended the deceased from 19_ DIMECTOR: sow the deceased alive on above. (I) live (did) (did not) view the body after deat and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 27± SIGNATURE DEGREE ATTENDING MEDICAL STAFF FUNERAL C PHYSICIAN DIRECTOR PHYSICIAN 72s. ADDRESS 73c. NAME OF CEMETERY OR CREMATORY 234 LOCATION 73n BURIAL C REMATION REMOVAL 23b DATE CHECKY 1-16-87

24. FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

Anatomy Board

Remova.

Balto., Md

ADDRESS

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE whe Davidson-

E CALLED TRUE TO THE STATE OF T Met J.C. Day

1/12/87

SCHIMUNEK FUNERAL HOME, Balto, Md.

3331 Brehms Lane

WESSELLS.

5. DATE OF BIRTH

- STATE

(TYPE OR PRINT)

REGISTRAR 1. DECEASED NAME

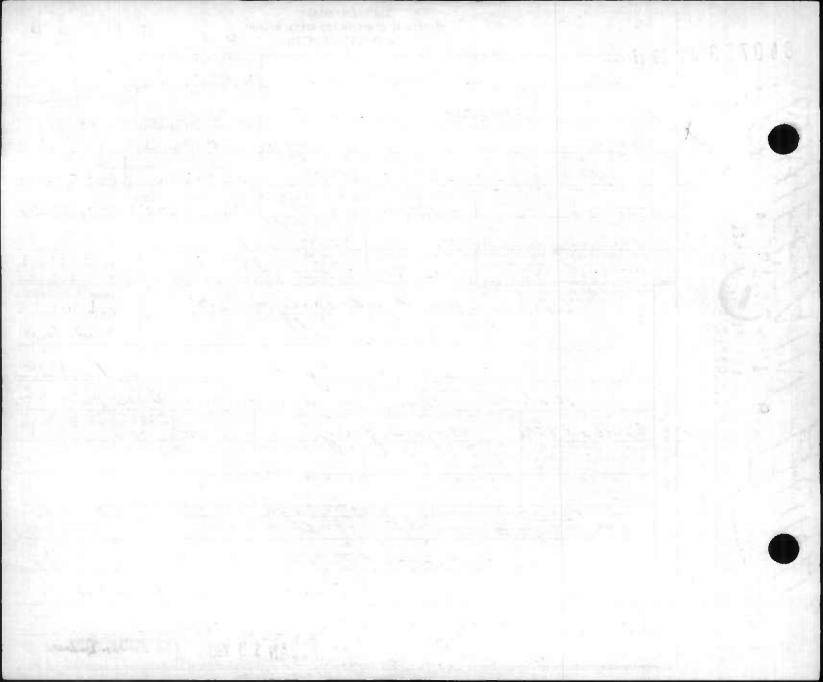
Burial 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

SAMUEL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH YEAR 26 HOUR JANUARY 1, 1987 8:12P AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12g USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bus Driver Bus Company 13e.STREET ADDRESS / ZIP CODE 1125 Ouantril Way. 'ING Rexbaxter Dr. ElPaso, Texas 79936 Chester Robinson, Step-Brother, min 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN STATE and that in (my) four printed on the date and hour and from the causes stated 220 DATE SIGNED DIRECTOR PHYSICIAN L

Crownsville, Md.



STATE OF MARYLAND

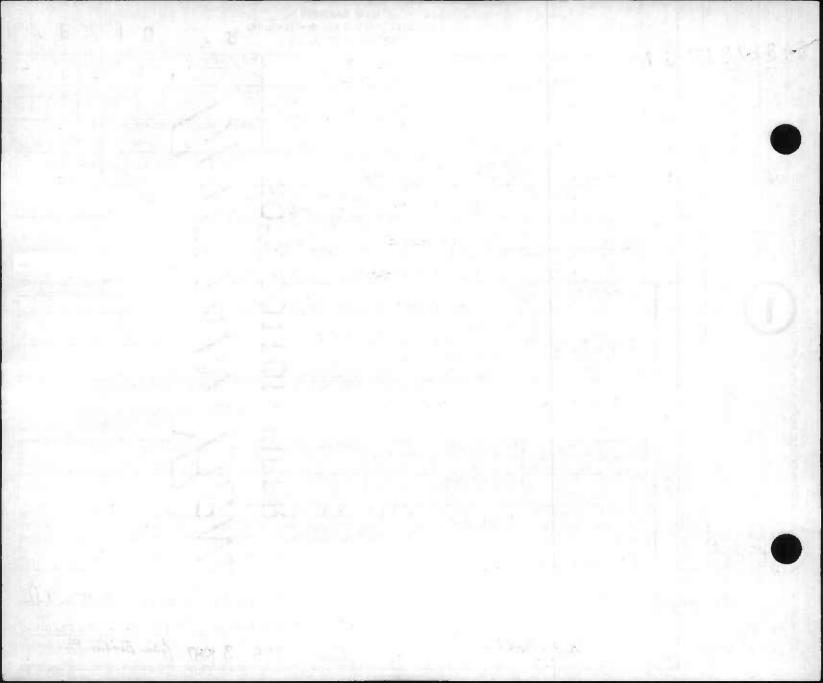
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REG. NO.	0	1	1	5	
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1-	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG	8 /	0 ! 7 5 7
(TYPE	CRASED NAME NELLI		WHA'	L'EY HALEY	20 DAIRDENH MON	30, DAY 1987 26 HOUR 7:30 M
3. SE	3 SEX 4. RACE 5. DATE			OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER I YEAR IF UNDER 24 HRS
	FOMALE White De			mber 19, 1920	66	YRS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY) Shington, DC	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED .	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET SOME STREET)	ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Clerk	RKING LIFE) 17b. KIND OF BUSINESS OR NELECONWIDE INSURANCE
Ma Ma	AL RESIDENCE (IF NURSING HOME OR INTO COUNTY AND	OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 134 CITY OR TOV Arundel Glen Bu	e admission) VN irnie	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIF	
9	THER'S NAME FIRST	MIDDLE LAST PRIN	CE	15. MOTHER'S MAIDEN NAM	unknown	LAST
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO N/A	E WAR OR DATES)		Mr. James A.		Same as
	IB. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
NO	Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying cause lost: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110: CHOSTIC OBSTRUCTURE PULL DISCONSIDERATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110:					
CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATIO				200 AUTOPSY? 20t	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
Charles of	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 21
MEDICAL	21d INJURY OCCURRED WHILE ON WHILE OF WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR FOWN	COUNTY STATE
	sow the deceased alive on	tol) ottended the deceased fram.	, 01	nd that in (my) (our) opinion a	leath occurred on the date of	19 7, that (I) (we) last and hour and from the causes stated
	274 PHYSICIAN'S NAME (TYPE O	R PRINTI		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	R 1130/87
	HARUD	Blynortham		3001 5.	NANCOR.	SI BAILING MO
	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	February 2, G	len H	EMETERY OR CREMATORY aven Memorail E	GICH Darit	e, A.A. Maryland
	ngleton Funeral	Home Glen Burn	Ave. ie, M	S. W. 250 DATE FE	B 3 1987	REGISTRATISISIONA LEE

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTO



	2	1	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
010	1009	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH / REG. NO	158
042	4 9 0 FEB		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN AT MONTH	DAY YEAR 726 HOUR
	SS. S. S.	(14)	PE OR PRINT) Marck	OF ESTI-	8/ 1987 M
	N, PLEASE DIRECTOR OUR FILES 72 HOURS N STREET	3. SEX	4. RACE 5. DA	TE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2(DATE MONTH 1TH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 11018
	RICESSARY, PEASE FUNERAL DIRECTOR. FOR YOUR FILES WERSTON STREET			TIZEN OF WHAT COUNTRY? 8. MARRIED DINEVER MARRIED 9. BALTIMORE CITY OR COUNT	Y OF DEATH
1	AGE S	10 C	(IF	AME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK INDICATED THE NOTION SUCH FACILITY, GIVE STREET ADDRESS)	12b. KIND OF BUSINESS OR INDUSTRY
+	DE NEW COMME	USU	Baltimore ALRESIDENCE (IF IN NURSING HOME OR OTHER	Sc. Adlies Hospital	
21201	ANN CANDS	13a. S		134 GITY OR TOWN 134 INSTRECT ADDRESS AND AND STREET ADDRESS AND STR	CONAND
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	ESTH. STATE	IL E	THER'S NAME LEWST 4 WAY 1	IS. MOTHER'S MAIDEN NAME NAME HANDLE MIDDLE	Lot ho Lo
	AFTER D ANE PAGE H FORM AGES IV		VAS DECEASED EVER IN U.S. ARMED FO ES. NO. OR UNIVOWN) (IF YES, GIVE WAR OR I	DRCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	1 JAME
	HOURS EM 18. G NG WIT RMT, R ENE. DIV		18 CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY:	Arterioscleratic Hymertensive Cardiovascular Di	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	HIN 24 IL IN III IR ALO NSIT PE EMOV		Canditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
W. P	TED WITH TRANSPORTED WI		gove rise to immediate cause (a) stoting the <u>under</u> -lying couse lost.	(b)	
RDS, 20			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	(c)UTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I 0	
L RECO	200 S	PICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
AT/	SHORT	HĚ.			YES NO M
ONOF	FICATE SP THE WOOD TO THE COULD BE OUTD BE	CAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	7 2)
DIVISIO	HIS CERTIF WRITING 'ARDED TO AGE 3 SHO ATE DEPAI	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY	NTY STATE
•	L EXAMINER: THIS CERTIFICATE SHE CERTIFICATE, WRITING THE WORL DOULD BE FORWARDED TO THE CH. UNITECTOR: PAGE 3 SHOULD BE UH. WITH THE STATE DEPARTMENT OF MARYLAND, 21201 PRIOR TO BUR.		22a certify that took charge of the death resulted from: Natural caus	Ses X, Accident , Suicide , Hamicide Undetermined monner , TITLE (SPECIFY) Assistant DATE	1/28/87
	TO MEDICAL E EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, M	L	0	Dry R. Kauffman, M.D. ADDRESS 111 Penn St.)
07.0		230.B	URIAL, CREMATION, REMOVAL 23b. DA		TY STATE
07/84 25M	DHMH - 17 (VR A15 ME (5))	24 E	UNERAL DIRECTOR	Imporess 63 5 N 4 / M or 4 JAN 30 1987 Julia Dand	GNATURE

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STA	TEO	F MA	A PYI	LAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	1	1	5	
	KLO. 140.					

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1	87	REGISTRAR				CERTIF	ICATE OF DEATH	8 / REG. N	10	1	2	-
-		EASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
1	(1117)	OR PRINTI	FIOL	/	W.	W	hiTE		1 24	87	60	AM
	3. SEX			4 RACE		S. DATE C		6. AGE IN YEARS LAST BE	RTHDAY) IF UNDE	ER I YEAR	IF UNDER 24	
1		MAL	e	BLI	ACK	2	24 10	76	YRS.	DAYS	HOURS	MIN.
-	C	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	ATH		
7	MA.	RYLAND		U.S.	A.	WIDOW		cit	U			MD.
P	II CI	TY OR TOWN OF DEA	ATH /		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ON 12b.	KIND OF	BUSINES	SOR
1		LRIMORE		JOHN D	EATON ME	DICAL	CENTER	CONSTRUCT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	130. S	L RESIDENCE (# NURSI TATE RYLAND	NG HOME OR	ITY	GIVE RESIDENCE BEFOR	NN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 50 Hoyle		2/	140	
S	_	THER'S NAME				a garde	15 MOTHER'S MAIDEN N	AME	Lane	7/1	1 /	_
1	1	GEORGE		MIDDLE	WHITE		LYDT	WIDDLE	HODNE	LAST		
ý		AS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17 INFORMANT Glen	1000	HORNE	1		
-	(4	es, no or unknown) NO	I IF YES, GIV	E WAR OR DATES)				HITE 7485 F	. 21001 urnace Br	anch	Apt.	D
1		18 CAUSE OF DEATH	H (Enter on	ly one cause per	line far (a), (b), a	nd Ici.1	1			1 2 2 2 2	MATE INTERVA	ATH
		PART I. DEATH W		E CAUSE (a)	Cardiagen	lmin	y Anest					
1				DUE TO, O	R AS A CONSEQU	ENCE OF	0			11/-		
		Conditions, if any, gove rise to imm	which	(b)	Reperator	1 Kn	ilmonen.			1/20	up.	
		cause (a), stating	g the	DUE TO, O	R AS A CONSEQU	JENCE OF						
	- 11			(c)_								
	Z	(MULLIN	tem J		DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN	PARI lia		
1	CERTIFICATION	190 DATE OF OPERAT				H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, WERI			
	IFIC							YES IN NOT	IN CERTIFYING	CAUSES	OF DEATH	?
5	CERI	21a. ACCIDENT WAS UND	DERLYING [216. TIME O			21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ		PART 2)		
		OR CONTRIBUTING C			M. MONTH D	PAY YEAR						
	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY		211. LOCATION STREET	CITY OR TO	Owb CC	YTAUC	51A	TE
	8	WHILE NOT WH	ILE RK	(AT HOME, STE	REET, FACTORY, OFFICE.	FARM ETC)	ZIKEEL	CITY ON IV	JW.14	0.411	314	16
1		220.1 certify that (1)			e deceased from.	May	14 19 86	10 JAW	24 19 8	17.1	hat (1) (we	e) last
1		saw the decease abave, (I) (we) (d	ed alive on	JAN 29	after death.	8+0,0	nd that in (my) (aur) opinia	n deoth accurred on the c	late and hour ond l	rom the c	auses state	ed
		22b. SIGNATURE	0.		10 \		DEGREE			2c. DATE S	IGNED	
		Dail A. 1		nun	MD.	/	M.D. ATTENDING PHYSICIAN	MEDICAL STA	CIAN -	1/26,	189	
V		220 PHYSICIAN'S NA	RELITYPE O		1210.		270 ADDRESS DATTAL MODIL	CAZ CENTILL.	SO. CHARLE	28 57	BACT.	-mò
1	23n B	URIAL, CREMATION.		T23b DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
-		MAL		1-28-				CITY OR TOWN	COUN	ITY	51A	16
		INERAL DIRECTOR	Anna		Md. 2140		ER HILL	ATE REC'D. BY REGISTRAN	SE MEGISTRARS	SIENATE	eryl	and
	WII	LLIAM REES			ADDRESS	-	144	2 0 4007	1 . RS	- 40		
П			- ~ D	TIOIL	TOWILL I	0 23.0	HAL	4 0 00/	Photograph Withing	學出版	popular.	

DHMH - 16 60M 7/84

injury, or other troumotic

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(VRA 15, 4)

TO FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Heal CREANT, It ham 21 is

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

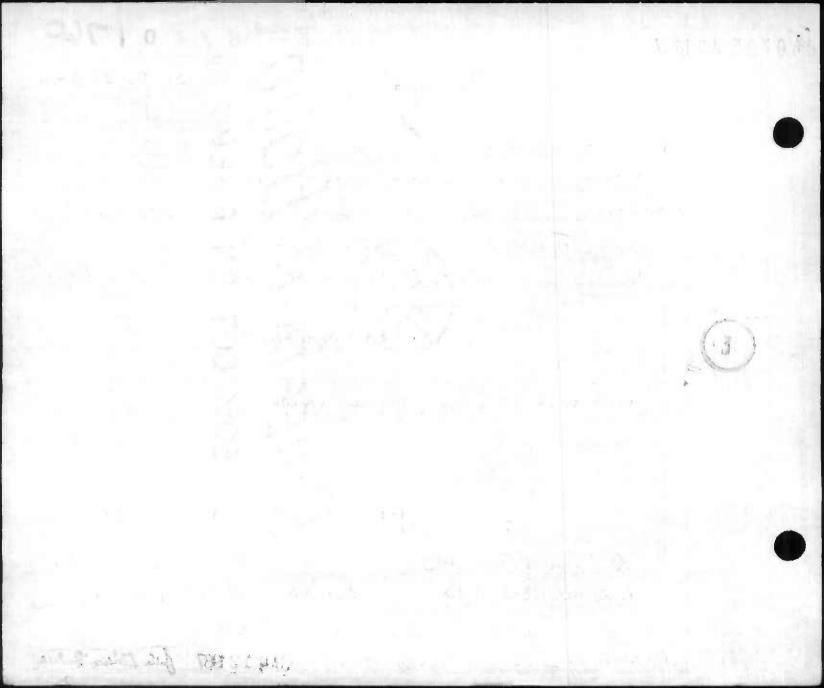
STATE OF MARYLAND

0	1	
0	REG. NO	

6 8	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	IENE 8 REG. NO	01760
1. DE	CEASED NAME FIRST	MIDDLE	LAST		ONTH DAY YEAR 26 HOUR
(TYPE	George Geor	gia (AKA) GEORGIANNE	hite		11 05 87 11:05AM
3. SE	FEMALE	4. RACE S. D	ATE OF BIRTH MONTH 3-30-11 YEAR	6. AGE (IN YEARS LAST BIRTH)	MONTHS DATS HOURS MIN.
7n RJ	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8	0-20-71	9 BALTIMORE CITY OR	YRS COUNTY OF DEATH
70 01	VIRGINIA	II.CB M	ARRIED NEVER MARRIED	Baltimor	
10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	DOWED DIVORCED DIVORCED	12e USUAL OCCUPATION	
	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRE	1 Hospital	HOMEM A	WORKING (IFE) INDUSTRY
	AL RESIDENCE (IF NURSING HOME O BTATE ARYZANO	R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMIS	YES NO 1	130 STREET, ADDRESS	ST APT 4B 21218
DA	HARREN TO	MIDDLE LAST	SUSANNA	TOWNE	S LAST
	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURITY REWARD ATES) 21616319	NO. 17 INFORMANT 18 MRS YVONNELL	ADDRESS	21239
	PART I. DEATH WAS CAUSI	nly one couse per line for 101, (b), and IC. ED BY TE CAUSE (a) NS Ruty	THMIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE		नाभ	
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM		TION GIVEN IN PART 110
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPER	RATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY	21c HOW INJURY OCCURE 19	RED (ENTER MATURE OF INJURY	IN ITEM 18 PART (OR PART ?)
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET FACTORY, OFFICE, FARM, E	211 LOCATION STREET	CITY OR TOWN	N COUNTY STATE
	sow the deceased alive or	(tol) ottended the deceosed from 19 8 7	ond that in (my) (our) opinion (to	19 d , that (I) (we) lost e and hour and from the causes stated
	226. SIGNATURE DF 7 MG	sulton MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	22c DATE SIGNED 1-5-87
	D.F. MOU		ZOI EAST	UNIVERSITY	PARKWAY
-	BURIAL CREMATION, REMOVAL	1-9-87 MT	OF CEMETERY OR CREMATORY	23d LOCATION DIVORTOWN	Co, copano STATE
24 FL	INERAL DIRECTOR RUSS	S 2222 WINDERTA	AUG 25a. DAT	REC'D. BY REGISTRAR 25	REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos been signe should be detached for use as the buriol-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur IMPORTANT: If Hem 21 is morked or Hem 18 shows ony



executed

deoth certificate be

AG PHYSICIAN: The offending physicion.

TO HOSPITAL OR ATTENDING retained by the hospital or off

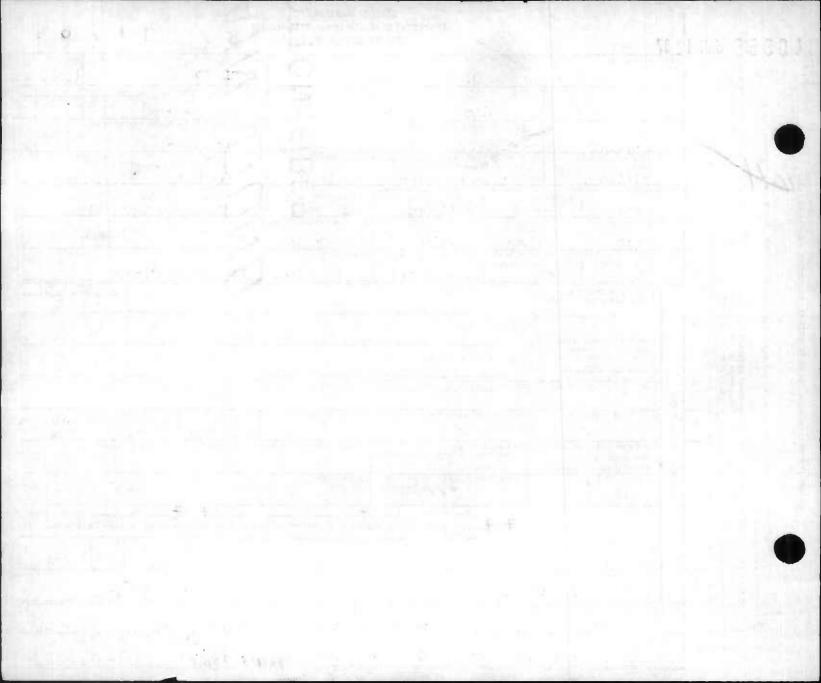
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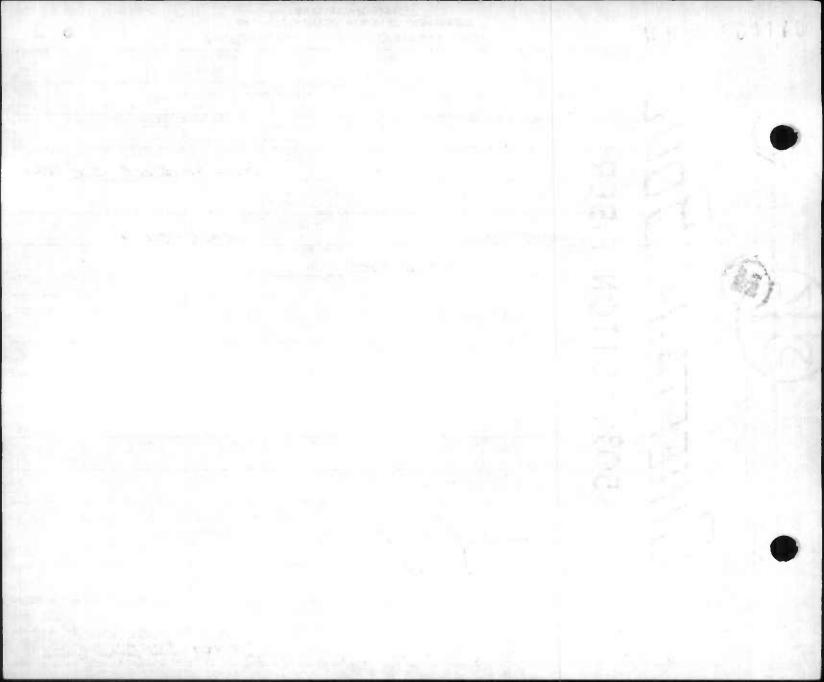
STATE OF MARYLAND

8 / REG	. NO.	0	1	1 6	
TE OF DEATH	ALCONITU	DAY	VEAD	101 110	N1.1

W 12	87	STATE REGISTRAR		DEPARTA		ICATE OF DEATH	8 /	10.	1/6
		EASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	
	1176	Har	ry	0.	WH	ITE	1/4/87		12.5
3.	SEX		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BE		UNDER I YEAR # UNDER 2
0.5		Male	Tall	nite	NOV		52		NTHS DAYS HOURS
7.	910	THPLACE (STATE OR FOREIGN		F WHAT COUNTRY?	NOV 8	. 10 34	9 BALTIMORE CITY O	YRS.	EDEATH
	C	DUNTRY)	78. CITIZEIN O	T WHAT COOKINT.		D NEVER MARRIED	, BALTIMORE CITY	<u> </u>	, bearing
		Maryland	US		WIDOWE		Baltimore		IN MAIN OF BUILDING
0	CII	Y OR TOWN OF DEATH		UCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND OF BUSINES
5		Baltimore	Loch	Raven Vet	erans	Hospital	Master Sc	t.	U.S. Army
		L RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTIO	I 13c. CITY OR TOW	ADMISSION)	1136 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE	-
		Maryland -		Baltimor		YES NO	209 Atholo		ne. 21229
§ 14	. FA	THER'S NAME			9	15. MOTHER'S MAIDEN NA	ME	The Ital	
E		T CHAIRST	MIDDLE	LAST		FIRST Door no	WIDDLE		LAST
6 14	n \4	Louis AS DECEASED EVER IN U.S	Oliver	White		Regina 17 INFORMANT	ADDR	ESS	Kuhl
edice		S. NO OR UNKNOWN) (IF Y	S, GIVE WAR OR DATES)						
E		Yes K	orea	215-30-6	512	David White,	3214 Ryers	son Circ	cie
+ 9		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one couse p	er line for (o), (b), one					BETWEEN ONSET AND
ve	- 1		DIATE CAUSE (o)_	cardi	iac c	ittest			1/6/86
tic			DUE TO	OR AS A CONSEQUE					
E		Conditions, if any, which		8.1	hayo	tem Pailure			15-86
1		gove rise to immediat	e)		0				
the	- 1	couse (a), stating the underlying couse los		OR AS A CONSEQUE	NO H	und Initime			11-86
ŏ	-1	SART O OTHER SIGNATURE	(c)_				- DISSUES OF CO.	IDITION LOINES	10101071
Vanlui	CERTIFICATION	PART 2. OTHER SIGNIFICA	INT CONDITIONS	CONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COR	NOTITION GIVEN	IN PART ITO
huo	¥.	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS USED NG CAUSES OF DEAT
SX A	Ě	/		/			YES NO NO	YES	
of w	W	210. ACCIDENT WAS UNDERLYIN	G 7 21b. TIME	OF INJURY		21c. HOW INJURY OCCUR			
		OR CONTRIBUTING CAUSE							
2	DICAL	(IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED		P.M. E OF INJURY	19	21f LOCATION			
0	¥		TAT HOME	STREET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	OWN	COUNTY 51
orke		AT WORK NOT WHILE							
8		220.1 certify that (1) (this	1 / 40 1 (2)		1151	. 19		. 19	, that (I) (w
2		sow the deceased alive obove, (I) (we) (did) (d			, o	nd that in (my) (our) opinion	death occurred on the c	date and hour a	and from the couses sto
E a		NA SIGNATURE A		,		DEGREE			22c. DATE SIGNED
=		1 sila Roke	- Ila			ATTENDING PHYSICIAN I	MEDICAL STA		1/7/86
7		22d PHYSICIAN'S NAME	TYPE OR PRINTS			122e ADDRESS	_ OWECTOR [LU13]	CIAN CA	71100
4		1 10 11 00	INTO				MOPKINS !	1920H	TAI
ORTAN		I M LII DA							
IMPORTANT	2	WAHLLA	UDER	Tan	14445	1		110-11	1110
MPORTAN	3a 8	URIAL, CREMATION, REMO			NAME OF C	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY SI
_ 2	t:	Burial	OVAL 23b. DATE 1/10/			EMETERY OF CREMATORY	23d LOCATION CITY OR TOWN Brooklyn	Park A	A.A. Mary
	4 FU	SPEC1FY)	1/10/	/87 Ce	dar H	EMETERY OR CREMATORY 1111 Cemetery 21229 250. DA	23d LOCATION CITY OR TOWN	Park A	A.A. Mary

DHMH - 16 60M 7/84 (VRA 15, 4)





STATE OF MARYLAND				
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	NI A	13 UJ	- MADAK'	LEANU

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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V	O IL COLOTINAN					REG. NO.					
	CEASED NAME FIRST	3.1	MIDDLE	l.	AST	20 DATE OF DEATH MO	нтис	DAY	YEAR	26 HOU	JR
	LEON			WHI	TE	JANUARY 29	1	987		7.1	30
3 SE	X	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHE	AY]	IF UNDE	R 1 YEAR	IF UNDER	24 HRS
1	Ŋ	В		7	11 10	76	YRS	MONTHS	DAIS	- CONS	Mila
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR	COUNT	Y OF DE	ATH		
	MD	USA		WIDOWE		BALTIMO	DF	CTTV			N
10. C	ITY OR TOWN OF DEATH	11. NAME OF			OR OTHER INSTITUTION	120 USUAL OCCUPATION	4	12b.	KIND O	F BUSINE	ESS C
	BALTIMORE		OHNS HOPK		DSPITAL	CUSTODIAN	ORKING	(IFE) IND	USIKI		
	AL RESIDENCE (IF NURSING HOME C	ROTHER INSTITUTION		ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	ID COL)E			
	MD III	INTI	BALTI	_	YES Y NO	436 CUMMING				2	120
	ATHER'S NAME				15 MOTHER'S MAIDEN NA	ME					44
	FIRST	MIDDLE .	LAST		FIRST	MIDDLE	,		LAS	Л	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS					
	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	21.80.37.85	_	I TILTAN W	HITE 436 CUM	MINC	2 00	HIRT	11	
	18 CAUSE OF DEATH (Enter of	alu one sause ne			TILLIAN W	UTIE 430 COM	TINE			MATE INTE	RVAL
	PART I. DEATH WAS CAUS	ED BY		ULN	IONARY AN	REST		C	-	INUT	
	IMMEDIA	ATE CAUSE (0)			0.01.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ĭ		, , ,	
	6 6 6	DUE TO, O	RUPTUR	ENCE OF	AORTIC A	WEURYSM		4	Ho	URS	5
	Canditions, if any, which gave rise to immediate	(b)	AUPTOR	COU	HUNITE	11120111011		- 1			
1	cause (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUE	ENCE OF							
z		(c)									-
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS	ON KIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	IONG	INEW IN I	PARTITI	0	
CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF Y	ES, WERE	FINDI	NGS USE	D
FIC	The DATE OF OLEMANON					YES TO NOT	IN CERT			OF DEAT	TH?
CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY			PART 2)	110 [
	OR CONTRIBUTING CAUSE OF D	EATH HOUR A	M. MONTH DA		1 100						
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		.M. OF INJURY	19	211. LOCATION						
WE	WHILE NOT WHILE		REET, FACTORY, OFFICE, F	FARM, ETC.)	STREET	CITY OR TOWN		CO	YTAU	4	STATE
	AT WORK AT WORK			JAM	29 8	TAN	29	10 8	7	1	
	220.1 certify that (1) (this has sow the deceased alive a		N 29 10 T	-	nd that in (my) (our) opinion	denth accurred on the date	and he	/		that (I) (
	= obove, (l) (we) (did) (did r	not) view the body	olter death.			acom occorred on the dore	ond no				uieu
	176 SPONATURE		AND		DEGREE ATTENDING	MEDICAL STAFF	. /	1	CDAIL	SIGNED	0-
	XUVW	mer	- 1010		PHYSICIAN (DIRECTOR PHYSICIA	N		12	-91	8
	IM PHYSICIAN STAME OF	OR PRINCIL			220 ADDRESS	nous Ilas	0	-			
	MVV	NEIL			1 JUHNS HO	PRINS HOS	117	TL			
	BURIAL, CREMATION, REMOVA	L 23b DATE	236. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUN	17 Y		STATE
	RIIR TAL	2/3/8	27	GARR I	SON FOREST	DUINCS MI	15	20014			
	UNERAL DIRECTOR	-1010	ADDRESS	OMITTE.	25a. DA		tr. REGIS	STRARS	SIGNAT		1.5
	MARCH FUNER	AL HOME	1101 E.	NORTH	AVE.	CD 3 1981	gue	NO PUL	M. CARRA	v. Kone	dae

1101 E. NORTH AVE.

DHMH - 16 60M 7/84 (VRA 15, 4)

MARCH FUNERAL HOME

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN LEASED NAME 2b. HOUR TYM OR PRINTI ESTI-DEATH MATED White 1987 Mary 4/ SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS. DAY YEAR 2c. DATE 2 :00 YEAR LAST BIRTHDAY) PRONOUNCED DEAD P 10-03-28 58 1987 Th. CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Baltimore City BALTO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Baltimore Liberty Medical Center SEAMSTRESS SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY Us STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE YES Y NO [MARYLAND 2446 CALLOW AVENUE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE LAST PARKER FLETCHER CONER ELSIE 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS LYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-22-7776 WILLIAM WHITE 2446 CALLOW AVENUE 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 器 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR 80 CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (ATHOME. 71d INJURY OCCURRED III LOCATION STREET, FACTORY, FARM, ETC 1 WHILE AT WORK CITY OF TOWN COUNTY STATE S MEDICAL EXAMINEE: 1 ECUTE THE CERTIFICATE, CGE 4 SHOULD BE FORM PENDERAL DIRECTOR, P FTER DEATH WITH THE ST MITMORE MARYLAND, 2 Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted fram: Notural couses Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 1/5/87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. TYPE OR PRINT 0 230, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE BALTIMORE, MARYLAND 1-9-87 MT. AUBURN CEMETERY 07/84 BP BURIAL 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE

BROWN/THOMPSON F.H. 1913 W. BALTIMORE STREET

DHMH - 17 (VR A15 ME (5))



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(VRA 15. 4)

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MPORTANT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 26 HOUR Whitley 12 1987 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1918 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Baltimore city 12a USUAL OCCUPATION TISE OF WORK PORTMOST OF WORKING LIFE) 13. STREET APPRESS ZIP CODE 1 e 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

2(Otherm)DLE DECEASED NAME TYPE OR PRINT) Oather 3. SEX 4. RACE IF UNDER 24 HRS black. male To BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? COUNTRY) N . C USA IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR SUCHFACILITY, GIVE STREET ADDRESS)
Lanvale Street Apt 20 Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Baltimore Md 14. FATHER'S NAME MIDDLE MIDDLE Whitley LAST Unknöwn Joe 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 218-07-7551 Betty T. Hopson 4708 Furley Avenue 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY? 286. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 71n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY AT WORK 22a.1 certify that (I) (this haspital) attended the deceased from sow the deceased olive on the body after death , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE 22¢ DATE SIGNED DEGREE ATTENDING MEDICAL 1/14/87 PHYSICIAN XX DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) Balto., MD 100 N. Broadway Chi-Shiang Chen, M.D.

23a. BURIAL, CREMATION, REMOVAL 23b. DATE ISPECHTY) Burial 1/16/87

23c NAME OF CEMETERY OR CREMATORY Eastview Cemetery

Baltimore

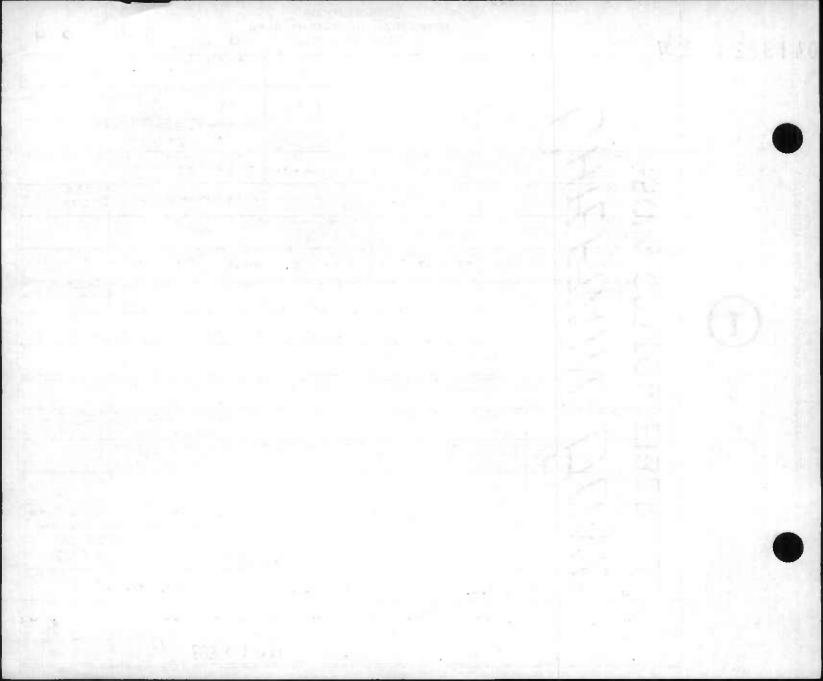
24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

- STATE

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REGISTRAR

C. March F/H 1101 E. North Avenue 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, acremator.

retained by the hospital or attending physician.

BP.

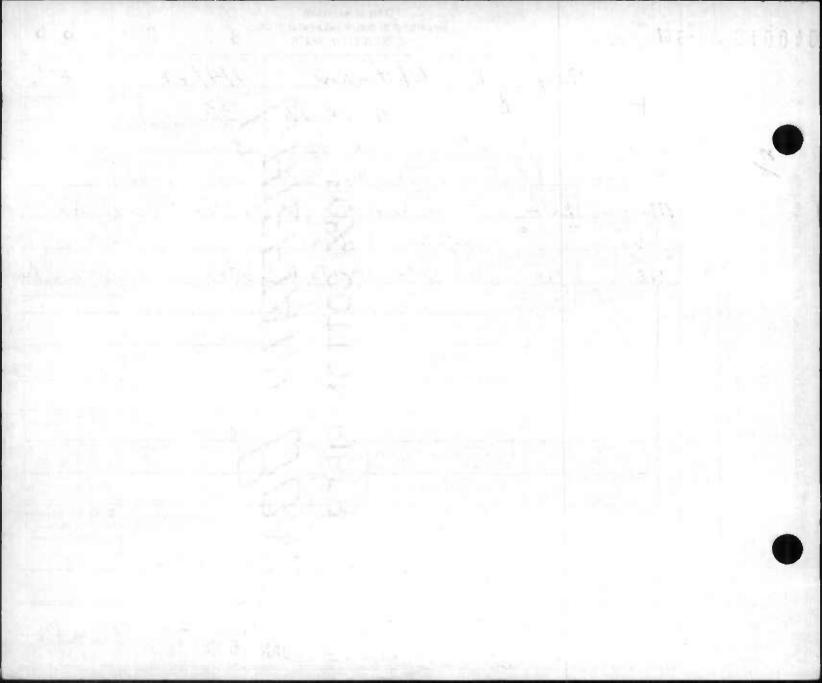
DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

ENE	8	7	0	1	1	6	Ò
		REG. NO.					

	STATE REGISTRAR	DEPARTMENT OF H CERTIF	ICATE OF DEATH	8 7 REG. NO.	1 / 6 0
	CEASED NAME FIRST FOR PRINT)	E Whith		20 DATE OF DEATH MONTH 487- 6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HOURS M
200	RTHPLACE ISTATE DEFOREDA 76	CITIZEN OF WHAT COUNTRY? 8.	18 13	73 YRS. 9 BALTIMORE CITY OR COUNT	
K	enticly	NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, OVE STREET, ADDRESS)		Baltimo 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS
130	Naryland Balt	-T C1 4.	YES NO D	13. STREET ADDRESS / ZIP COI 5/7 New Pitch	of 2/22.
D. FA	Johnny Mid	Harshaw	15. MOTHER'S MAIDEN NAME FIRST	MIDDLE	John son
	WAS DECEASED EVER IN U.S. ARME YES 100 OR UNKNOWN) (IF YES GIVE W		Miss Faith	Whitman 517	New Pittobergh
	PART I. DEATH WAS CAUSED E IMMEDIATE (Conditions, if ony, which gove rise to immediate couse (0), storing the		CVA con	valsion	
	underlying couse lost.	(c) chase a	1 audion	gopathy	
IFICATION	underlying couse lost.	0/1/0/20	Year Inches	200 AUTOPSY? 200 IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
CAI CERTIFICATION	underlying couse lost. PART 2 OTHER SIGNIFICANT COI	nditions <u>contributing to death</u> But	IN WAS PERFORMED	200 AUTOPSY? 200 IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO}\)
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT COI	196 CONDITION FOR WHICH OPERATIONS TIME OF INJURY HOUR A.M. MONTH DAY YEAR	IN WAS PERFORMED	200 AUTOPSY? 200 IFY YES NO NO NO NO CERT	ES, WERE FINDINGS USED (IFYING CAUSES OF DEATH? YES NO PART 2)
	UNDERLYING COUSE TOST. PART 2 OTHER SIGNIFICANT COLOR 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (16 EITHER NOTHEY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	19b. CONDITION FOR WHICH OPERATIONS CONTRIBUTING TO DEATH BUT 19b. CONDITION FOR WHICH OPERATION 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) otherwise the body ofter death.	211 LOCATION STREET 211 LOCATION STREET 19 7 nd that in (my) (our) opinion DEGREE	200 AUTOPSY? YES NO PROPERTY IN CERT CITY OF TOWN 10 deoth occurred on the date and he	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO COUNTY STAT
	Underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hospital sow the deceosed alive an obove, (I) (we) and (i) (and not) is	19b. CONDITION FOR WHICH OPERATIONS CONTRIBUTING TO DEATH BUT 19b. CONDITION FOR WHICH OPERATION 121b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) ottended the deceosed from 19 87, or other the body other death.	211 LOCATION STREET , 19 8 7 and that in (my) (our) opinion	200 AUTOPSY? YES NO PROPERTY NO TOWN CITY OR TOWN	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? VES NO COUNTY COUNTY STATE 19 that (1) (we) our and from the causes stated



ector, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	REG.	NO.) !	1	6	1
COS	DEATH	AACONITIA	OAY	YEAR	25 144	OLID

20	17	FOR STATE REGISTRAR				EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 /REG. NO	0	17	5 /
		CEASED NAME FIRST	MID	DIE		LEGHAN, Sr.	20. DATE OF DEATH	MONTH OA	0-	HOUR 2: A M
1	3. SE	MALE	4 RACE	ITE		15-1905 YEAR	6 AGE (IN YEARS LAST BIRT	YRS.	NITHS DAYS HO	UNDER 24 HRS DURS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A	• \ \ \ \ \ \ \ \	DOWE	DIVORCED DIVORCED	Balto. Ci	ty		MD.
6		Balto.	Good Sa	maritan Ho	spi	tal	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF THE STATE OF THE STAT		12b KIND OF BI INDUSTRY ployed	USINESS OR
R.	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR	OTHER INSTITUTION GI	Bal to.	ission)	YES 📉 NO 🗌	13e STREET ADDRESS / 2821 Bauer	ZIP CODE	Ave. 21	234
		Henry		iegman		Sophia	MIDDLE		gel IAST	
		WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIN	E WAR OR OATES	66. SOCIAL SECURITY 213–01–85 1		Denise Fike,	ADDRE 110 Painter		Rd. 21:	117
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	DOV			ARY ARREST	7		BETWEEN ONS	
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR A	AS A CONSEQUENC CHRONIC AS A CONSEQUENC ECU RREA	E OF	ACCELERATE	A HYPERTE		10 40	ears ears
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF CHRONIC BRSTE	ULHOUMRI	0156	NOT RELATED TO THE TERMI PASE +TRANS N WAS PERFORMED		ZOB. IF YES,	WERE FINDINGS	USED	
9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE,	HOUR A.M.		YEAR 19	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM TB PAR	T OR PART 2)	
-	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREE	FINJURY T. FACTORY, OFFICE, FARM,	ETC }	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		220.1 certify that (I) (this hospi sow the deceased alive an above, (I) (we) (did) (did no	. 10/	0.1	, 01	nd that in (my) (our) opinion d	to 1/26 eath occurred on the do	, 19	ond from the cou	t (I) (we) lost ses stated
		276. SIGNATURE				DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	IAN X	1/26 (S	- 0
1		FADT	KH4W	12 M.D	٠.	GOOD SAM	MA RITAN	Hos	PITAL	
		BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	23b. DATE 1-29-8				23d LOCATION CITY OR TOWN Balto.,	Md.	COUNTY	STATE
		uneral director Leonard J. Ruck	Inc.,53	05 Hartor	d Ro	1. JAN	28 1987	256 REGISTR	R'S SIGNATURE	A.A.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

should be detached for use as the buriol-transit permit. The with the State Dept. of Health and Mental Hygiene prior to IMPORTANT: If them 21 is marked or them 18 shows any

TO FUNERAL DIRECTOR: After this certificate has

Desired That released, project the project that the proje

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Leonest J. Just , inc. I for Manhord Dis.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	-	REG. NO.	0		-	

н		REGISTRAR			CERTII	ICATE OF D	HIAI	0	REG. NO		1 /	0 0
Z	OF	CEASED NAME FIRST	٨	AIDDLE		LAST		20. DATE OF D		MONTH D	AY YEAR	26 HOUR
	1.02	INET	A			WIGGINS		J	an.	17	1987	1:05 PM
3	SEX	ζ	4 RACE		5 DATE			6. AGE IN YEA	RS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
l		FEMALE	BL.	ACK	2		910	76		YRS	ONTHS DAYS	HOURS MIN.
7	a. B1	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 ************************************	D NEVERM	_	9 BALTIMORI	E CITY OF		OF DEATH	
1	5.	CAROL INA	U.	S. A.	WIDOW		ORCED	BALT	IMORE	CITY		MD.
Ī	0 CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTI	TUTION	12a USUAL O	CCUPATIO	NC		F BUSINESS OR
ſ	P	BALTIMORE		MEMORIAL		TTAL		HOME M		WORKING LIFE)	INDUSTRY	HOME
1	JSU A	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			13e STREET AL		N	larvlan	
ľ		ARYLAND	NIT	BALTIMOR		YES X	NO [4126 T	HF A	I AMEDA	Balt	imore.
ī	4 FA	THER'S NAME				15 MOTHER'S	MAIDEN NAM			LINILDI		
b		WILL	WIDDIE	GLADNE Y	,	FLL	FNI		WIDDLE		DEMALT	
1		VAS DECEASED EVER IN U.S. A		16b SOCIAL SECU		17 INFORMAN	UN MP		ADDRE	SSMARYL	DENNI AND 2	1218
	{ }	(IF YES, GI	VE WAR OR DATES)	219-38-4	602	ALBIN W		4126		ALAMED		TIMORE.
F			.1			ALDIN N	TUGINO	7120	THE	ALAIILD		MATE INTERVAL
		18 CAUSE OF DEATH (Enter to PART I. DEATH WAS CAUS	ED BY			- 4/0:0:	Amina	2-1			BETWEEN	INSET AND DEATH
ı		IMMEDIA	TE CAUSE (0)	CARDIO	rucm	O IN APPLY	41462	21				
L			DUE TO, OF	AS A CONSEQUE	NCE OF							
L		Canditions, if any, which	(ıb)									
ı	١.,	gave rise to immediate)									
ı		cause (a), stating the underlying cause last.	DUE TO, OF	AS A CONSEQUE	NCE OF							
ı			(c)									
ı	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO E	DEATH BUT	NOT RELATED				ITION GIVE	N IN PART 110	GOSTVI
1	CERTIFICATION	1) ehydro		Malny	4142	100/1	Deep		-	MARIN	10051	s, cance
Г	CA	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOP	SY?		WERE FINDIN	
ı	E							YES 🗍	NO	YES		NO [
1	E E	210. ACCIDENT WAS UNDERLYING	216. TIME O		W WEAR	21c. HOW INJ	URY OCCURR	RED (ENTERNATU	RE OF INJUR	Y IN ITEM 18 PAR	RT I OR PART 2)	
L	AL	OR CONTRIBUTING CAUSE OF DE	210	M. MONTH DA	19							
ı	MEDICAL	21d. INJURY OCCURRED	R) P./		19	211 LOCATIO	N					
ı	WE	WHILE ON NOT WHILE		EET FACTORY, OFFICE F	ARM, ETC.)	STREET			CITY OR TOW	VN	COUNTY	STATE
ı		AT WORK AT WORK				1	6.7				- 6 1	
l		220 1 certify that (4) (this hasp			40		19.6+	, to	Car 1	7 1		that (I) (we) last
l		saw the deceased plive or above, (1) (we) (did) (did no	ot) view the bady		, 0	nd that in (my) (aur) apınian d	death accurred	an the da	te and hour	and Iram the	causes stated
1		226. SIGNATURE	,			DEGREE					22c. DATE	SIGNED /
l		notrabkt	no				TENDING HYSICIAN	MEDICAL DIRECTOR	STAFE		11	17/87
1		22d PHYSICIAN'S NAME (TYPE	OR PRINT)			122e ADDRESS		DIKECTOR	FILISICI	7	1-1	, , , , ,
ı		Robert Hsi	40			521	olun.	MARKE L	. 0.	1	RILL	no.
Ł		7,57							_	Kway	Bath	more Ivia
2	jo. B	SPECIFY)				EMETERY OR C			NON	/	COUNTY	STATE
L		BURIAL	1/22/1	.987 ARE	BUTUS	MEMORIA	AL PARK	<	В	ALTIMO	DRE. MA	ARYLAND
2	4 1	HERALD RECKORSONS F	UNERAL H	OME, INC.			250 DATE	E REC'D. BY REC	SISTRAR 2	56. REGISTR.	AR'S SIGNATI	JRE
	25	01 Gwynns Fall	s Pkwy.	Baltimore	e, Md	. 21216	1	1121	1927	1:	Madia	40
1								f f i i in	10. 15. 11.		TO 100 AT	March 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to be IMPORTANT: If them 21 is marked at them 18 shows any injury.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

BP.

FOR STATE

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DHMH - 16 60M 7/B4

(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	1	1	6	
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	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG	SIENE 8 PEG. NO.	01/	6 9
	CEASED NAME FIRST ROGE	MIDDLE		GGINS	January 11,		7:17 A
(M IRTHPLACE (STATE OR FOREIGN COUNTRY) Hampton, Va	B 76 CITIZEN OF WHAT CO	DUNTRY? 8	15/1893 D NEVER MARRIED	6 AGE (IN YEARS LAST BIRTHDAY) 93 9 BALTIMORE CITY OR CO Baltimore C	YRS. DUNTY OF DEATH	F UNDER 24 HRS HOURS MIN.
10 CI	altimore	Mary Such Aut			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR		BUSINESS OR
13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 COL MD ATHER'S NAME FIRST UNKNOWN	JNTY 13c CITY	OR TOWN	13d INSIDE CITY LIMITS? YES NO □ 15 MOTHER'S MAIDEN NA Sustanna			1218
	WAS DECEASED EVER IN U.S. A	SIVE WAR OR DATES)		17 INFORMANT	ADDRESS		Rd .
CERTIFICATION	The street of th	CONDITIONS CONTRIBUT	anella Sono Representation Represent		VINAL DISEASE OR CONDITION 200 AUTOPSY? 200	ON GIVEN IN PART Tra IF YES, WERE FINDING CERTIFYING CAUSES O	GS USED
	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D ITS EITHER NOTHY MEDICAL EXAMIN	EATH HOUR A.M. MOI		21c. HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJURY IN IT	YES 🗌	NO [
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR	Y NY, OFFICE, FARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	226. SIGNATURE	E Kelly	19 <u>87,</u> or	DEGREE ATTENDING PHYSICIAN [deoth occurred on the date or MEDICAL STAFF DIRECTOR PHYSICIAN		
23a B	22d. PHYSIQIAN'S NAME (TYPE	E Kell	Y 200	C/O Maryland	d General Hos	pital	
(SPECIF Burial UNERAL DIRECTOR	1/15/8		iew Cemetar	y Baito.,		STATE
24 FU	Leroy O. Dy	rett 4600 L	îberty H	leights 250 DAT	E REC'D. BY REGISTRAR 256. R	Julia Dender	

0 1 1 0 . 8 Large Large of Earlier and Principle The same of the sa

04221		FOR STATE REGISTRAR 8 7				MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8 7	NO. 0	17	7 0
by be death		CEASED NAME FIR	Helen	en '	Kunigun	ida,	Wiley	2a. DATE OF DEATH		YEAR YEAR	26 HOUR 6=25 A
age 4 ma ror. po	3. SE	Female		White		5. DATE C	22 02	6. AGE TINYEARS LAS	YRS	IF UNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.
death. Po	15	HPLACE STATE OR FOREK		u.s.		WIDOWE	D NEVER MARRIED D		one (it	y	м
ors offer		Baltimore		Key 1	learcal Ce	nter	PR OTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO Retire	STOF WORKING LIFE	126 KIND OI INDUSTRY House	1
in 24 hor	13a.		COUNTY	no/re	131. CITY OR TOWN	bi i	13d INSIDE CITY LIMITS? YES 🔼 NO 🗍	13. STREET ADDRES	s / ZIB CODE en Plac	e Apt. 6	104 2122
ompletel	0	Joseph	MID		Malinosk		15. MOTHER'S MAIDEN NA	MIDDL		Malche	iki
S. Poges		VAS DECEASED EVER IN U YES, NO OR UNKNOWN] (IF		D FORCES?	220-01-		Marian White		oress oundary		
s that the death certificate d by the attendary physical trace that the paper in the attendary of manual.		Canditions, if ony, wh gove rise to immedic couse (a), stating underlying couse lo	AEDIATE C	Y: AUSE IO) DUE TO, OI (b) DUE TO, OI	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	rust			MATE INTERVAL ONSET AND DEATH
The low requiring the hos been state for the state of the	CERTIFICATION	19a DATE OF OPERATION	ı	196 CONDI	TION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	IGS USED
ug PHYSICIAN: T ottending physici ter this certificate s the buriol-trans n and Mental Hyginked at them 18 sk	MEDICAL CI	OR CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE INFEITHER NOTIFY MEDICAL EX- 21d INJURY OCCURRED WHILE NOTIFIELD AT WORK	OF DEATH	216 PLACE (m. month da m.	19	211. HOW INJURY OCCURE 211 LOCATION STREET		NJURY IN ITEM 18 PA	(COUNTY	STATE
rat OR ATTENDIN y the hospital or tal DIRECTOR; af detached for use o ore Dept; of Heolth VI; if hem 21 is mo		22a.1 certify that (1) this sow the deceased of above, (1) (we) (did) (22b. SIGNATURE	ive on did nat) v	iew the bady	2 4 19 8	7 , or	nd that in (my) (our) apinion of DEGREE ATTENDING PHYSICIAN	MEDICAL S	e date and haur		
retained by TO FUNERA should be downth the Sto	220 5	22d. PHYSICIAN'S NAME			aum, V	np	27e. ADDRESS	1224 IOCATION			

231, NAME OF CEMETERY OR CREMATORY
Saint Stanislaus

DHMH - 16 60M 7/84

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial

24. FUNERAL DIRECTOR Charles S. Zeiler & Son Inc. 6224 Eastern Ave. Baltimore imore (ity M. STATE

SISTRARIZS REGISTRARIZSIGNATURE

STATE

5 to early a second and a second as a second in. Selections for the first VI Junes Ince marked 2002 good to be the third than AND DESCRIPTION OF THE PROPERTY OF THE

STATE	OF	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	7	0	1	1
	REG. NO.			

21 8	STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	01//1
	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	GEORGE	W.	WILKI	NS	JANUARY 27.	1987 5:10 A
3. SE	X	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	male	Negroid	12	-10-1900) 86 YE	RS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
X	irginia	U.S.A.	WIDOW	A 4		CITY MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
	ALTIMORE		INS HOS	PITAL	TETITED	NG LIFE) INDUSTRY
	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU		E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP.C	egister St.
14. F	ATHER'S NAME FIRST	MIDDLE	31.	15 MOTHER'S MAIDEN N	AME MIDDLE	LAST
1	TROTAL	Wil	KINS	Mary		
	NAS DECEASED EVER IN U.S. AI YES, NO ORUNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIA	01-4204	Sherman!	Wiltins 1622	N. Register St.
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for 10),	(b), and (c).1	N T		BETWEEN ONSET AND DEATH
		TE CAUSE (a)	ardiopula	ency Ames!		40 minutes.
11	Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CON	SEQUENCE OF	Lemizal Pisson	ciation,	40 mmites
	couse (a), stoting the underlying couse last	DUE TO, OR AS A CON	ISEOUENCE OF			
Z	PART 2. OTHER SIGNIFICANT	Renal F. June	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
CERTIFICATION	198 DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AVIJOPSY? 20b. (F	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER WATURE OF INJURY IN ITEM	1 18 PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, (OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	77s I certify the Tahin hosp saw the decemed dive or	attended the deceased J.m. 2.7 The bady after death.	MA	, ''	1 to Sem 7 7	hour and from the causes stated
	12h SIGNATCHE	oddy difer dealin.	2	DEGREE MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED /27/87
	RAYMOND	T. CHUNG	MO	22e ADDRESS		SISIS OH PHOMITH
23a E	BURIAL, CREMATION, REMOVAL	236 DATE 1-31-87	236 NAME OF C	emetery or crematory	OF TOWAL	COUNTY Med STATE
24 E	VNERAL DIRECTOR	0 51000 1/9	DRESS C	250 DA	ATE REC'D. BY REGISTRAR 250. REC	GISTRAR'S/SIGNATURE
<u></u>	UIVIII DI DI	L1443 14	165.11	CS 7011) 11	11/1/2 0 1301	in fremen. Handath

(VRA 15, 4)

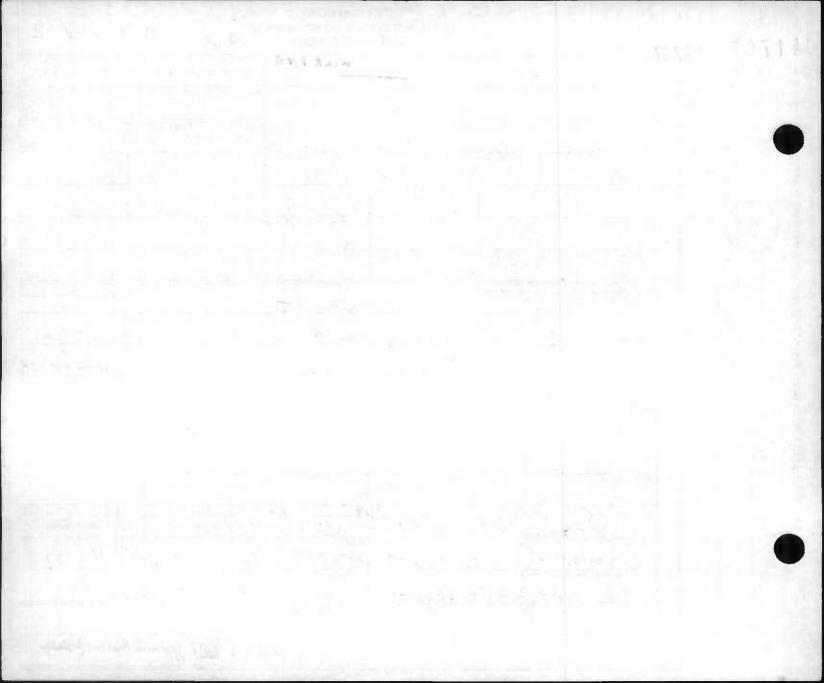
DHMH - 16 60M 7/84

Villiam

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- 6		
-	~	
DEC NO	1	

Liskens.	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 /	01772			
poge 3		CEASED NAME FIRST OR PRINTS WILLIA	M	MIDDLE	WILK	WILK INS	JANUARY 1				
director. po	3. SE	Male RTHPLACE (STATE OR FOREIGN		ack	5 DATE OF BIRTH MONTH DAY YEAR 8 24 48		6. AGE (IN YEARS LAST BIRTHDAY 38 9 BALTIMORE CITY OR CO	MONTHS DAYS HOURS MIN.			
deoth where of the state of the		Maryland OR TOWN OF DEATH		U.S.		NEVER MARRIED DO DIVORCED D	BALTIMORE 120 USUAL OCCUPATION				
1133	BA	LTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THE JOHNS HOPKIN			TYPE OF WORK FOR MOST OF WO Water Proof	RKING LIFE) INDUSTRY				
135	130	AL RESIDENCE IF NURSING HOME OF STATE 136 COUP		130. CITY OR TOW Balto.		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIF 1809 Port St				
19 Hz	W.	ilbert D		Wilkins		IS MOTHER'S MAIDEN NAM FIRST Edith	Helen ADDRESS	J0nes			
in and Pages		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) [18 YES, GIV	MED FORCES?	21552-10		Mrs. Edith	e as #13				
physician paper emoval.		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MM								
the death ce the attending remaye carb emation, ar r er traumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the	2-5 mins								
ned by please prical, cr		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
require	TION	Dirthetes Melli	tus								
The low in permits the permits the permits and permits	CERTIFICATION	Ø		ø	OPERATIO	N WAS PERFORMED	YES NOW IN	D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO			
og physic rectificat rial-trans ental Hyg hem 18 s		216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A		YEAR		RED (ENTER NATURE OF INJURY IN	ITEM 18 PART (OR PART 2)			
offendir offer this of the burner of the burner of the burner of the burner of the burner of the burner	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION	CITY OR TOWN	COUNTY STATE			
spital or spital or CTOR; A for use of Health in 21 is many		220.1 certify that (i) this hospital) attended the deceased from 1987, to 115, 1987, the (ii) we lost saw the deceased glive on 15, ond that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above (ii) (we) (did) (did not) view the body after death.									
PITAL OR by the ho IERAL DIRE oe detoche State Depl ANT: If ther		Chry tophe	(). W	3. legs	ut		MEDICAL STAFF DIRECTOR PHYSICIAN	DI DATE SIGNED			
TO HOSPITAL TO FUNERAL should be deto with the Stote I		CIALISTOPI	er_J.w	B. Lega	ett	GOI N.W	OLFST. B	othere, Md.			
BP		BURIAL, CREMATION, REMOVAL SPECIFY Removal	23b. DATE 1-15-		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE			
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME Anatomy	Board	ADDRESS	Balt	250. DAT	N 2 1 1987	REGISTRAR'S SIGNATURE			

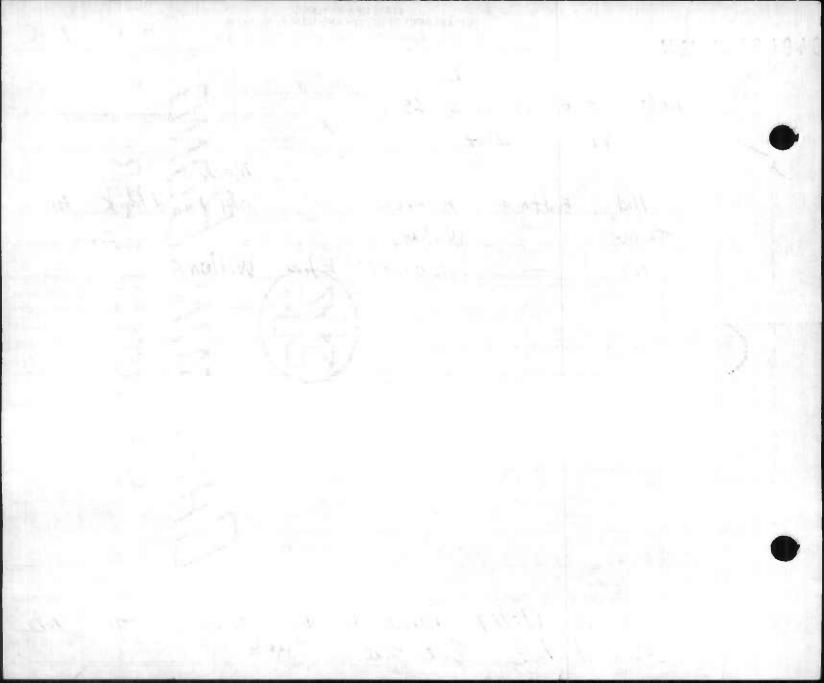


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

AN	STATE REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	10.	, , ,
	CEASED NAME OR PRINT)	Berth		athilda	W	LAST LAX	January		26 HOUR A.
3 SEX	Female		RACE Whit	e	5. DATE (DA 12 19/	6 AGE (IN YEARS LAST BI	IRTHDAY) IF UNDER	DATS HOURS MIN.
	RTHPLACE (STATE OR I	1	U.S.	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	Baltimore City	_	MD.
	Baltimon		11. NAME OF I	Fastern &	Appress)	2 21224	110 000111 00001111	OF WORKING LIFE) IND	KIND OF BUSINESS OR USTRY
USU A 13c. S	TALE	136 COUN	OTHER INSTITUTION	131. CITY OR TOW Bactimo	N	13d INSIDE CITY LIMITS? YES XX NO	13e STREET ADDRESS 6001 East		2 21224
}4 FA	Henry	M	J.	Biemil	ler	15 MOTHER'S MAIDEN N. Anna	AME	Becke	LAST
	AS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 215 - 34	1214	J. Henry Wil	L 5161 Fred	erick Ave.	21229
	PART I. DEATH W	VAS CAUSED IMMEDIATE	CAUSE (a)	Congrate R AS ALONSEQUE	ENCE OF	feart Failure	scolar dinse		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	Canditions, if any gave rise to improve to static underlying cause	mediote ng the	DUE TO, O	R AS A CONSEQUE		ti cardiova	SCHOOL MASONSE		Work is
NO	PART 2. OTHER SIGN	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COM	NDITION GIVEN IN P	ART lia
CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH? NO
	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR P	(ART 2)
MEDICAL	21d. INJURY OCCUR	HILE	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC }	21f LOCATION STREET	CITY OR TO	OWN COU	INTY STATE
	22c.1 certify that (1) saw the decease above, (1) (we) (c	ed alive an_		. 19		nd that in (my) (aur) apinior	, to, death occurred on the c		, that (I) (we) last om the causes stated
	Chi-A	thong .	Cha (for or no	0		MEDICAL STA DIRECTOR PHYSI	AFF	DATE SIGNED 1957
	CHI-S						ducy Balls	may not	2123/
(URIAL, CREMATION, SPECIFY) Burial	REMOVAL	236. DATE 1-24-	87 (236)	Dak Lo	un Cemetenu	23d LOCATION CITY OF TOWN Eastwood	d Balto Co	Md. STATE
-	raries S.	Zeile	r & Son	Inc. 622	14 Ear	stern Ave. UA	N 28 1987	R / Sh. REGISTRARYS	GNATURE .

DHMH - 16 60M 7/B4 (VRA 15, 4) ise 1 12 21 1 est - AD / _ _____ . end the second s

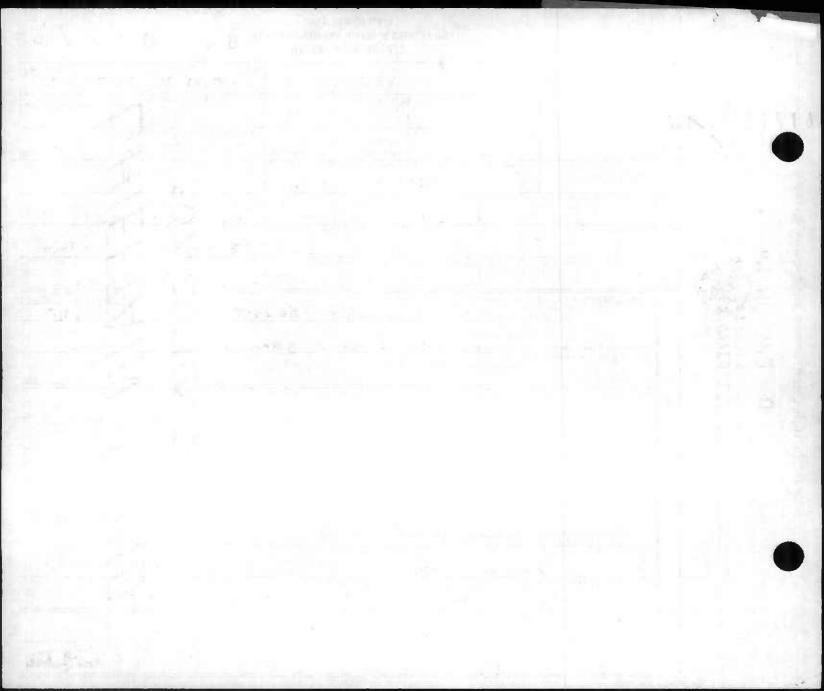


TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital or attending physician

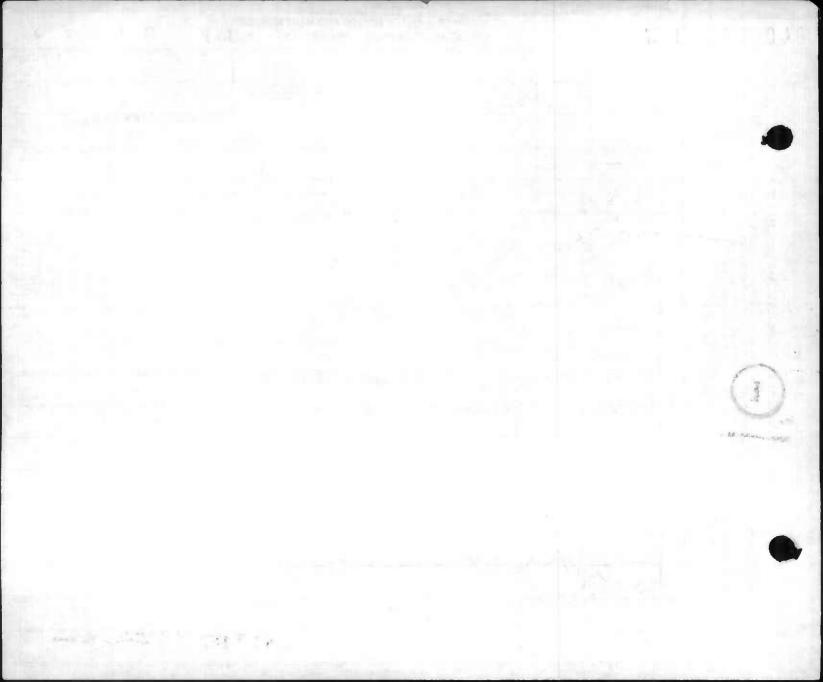
STATE OF MARYLAND FOR

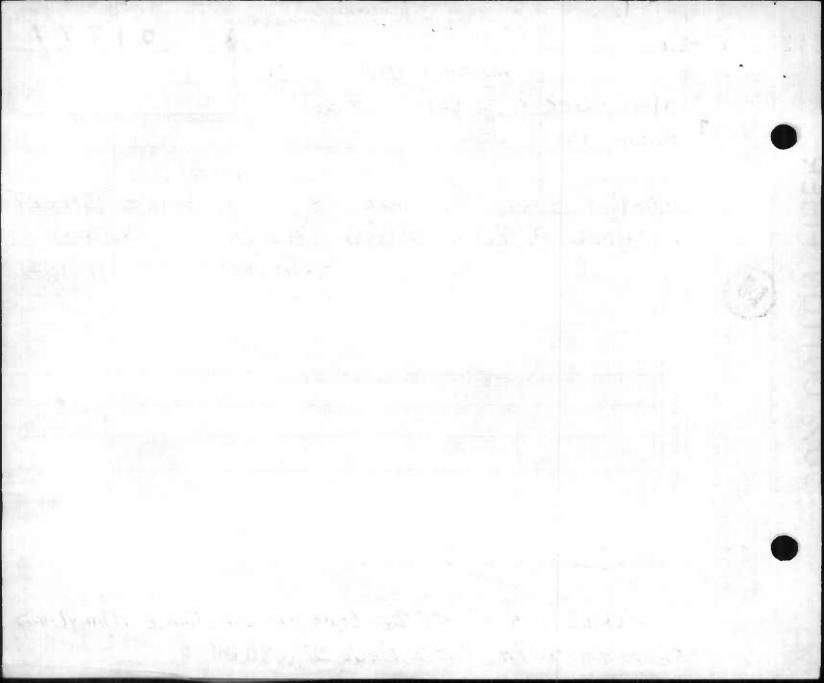
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH	1	REG. N	10.			
		ASED NAME	JERR	37	VCK	-	LIAMS	20	JANUARY		1987	26 HOUR 5:15	
All do 17	3 SEX 7 M 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C. 10 CITY OR TOWN OF DEATH BALTIMORE					5. DATE C			AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HE	
70				7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWEI			D LI NEVER MARRIED		9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY			MI	
70				(IF NOT IN SUC	THE COURT HOLITING							OF BUSINESS (
35	30. ST MD		13b. COUN		GIVE RESIDENCE BEFORE 1131. CITY OR TOW BALTO.		13d INSIDE CITY LIMI YES A NO		STREET ADDRESS		- Aller 1	213	
e com	JAMES			ARMSTRONG									
6 /		AS DECEASED EVER 5 NO OR UNKNOWN)		E WAR OR DATES)	2124442		JAMES ARM	ISTRON					
event, in		PART I DEATH W		lly ane cause per D BY: 'E C AUSE (a)	LARDIOPL	d (cs.) 1 LM01	WARY A	trre	728			ONSET AND DEAT	
		Conditions, if ony, gove rise to imm cause (o), statin underlying cause	nediate ng the lost.	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE DISTRIBUTING TO E	ATIC ENCE OF	NOT RELATED TO THE	E TERMINA		NDITION G		· .	
ilui kuo swo	CERTIFICATION	90 DATE OF OPERA	TION	196 COND	ONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 200 IF YES, WERE F IN CERTIFYING CA			E FINDINGS USED CAUSES OF DEATH?	
- / 4	_	OR CONTRIBUTING	CAUSE OF DEA	EATH HOUR A.M. MONTH DAY YEAR						URY IN ITEM 18	PART I OR PART ?)		
arked ar I	MEDICAL	WHILE NOT WHAT WORK	RED	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC }	211 LOCATION STREET		CITY OR T	DWN	COUNTY	STATE	
TOR: Affor use a of Health		27a certify that (1) (this hospital attended the deceased from 17757, 1987, to 1987, that (1) (we) last saw the deceased alive on 1987, and that in (my) (aur) opinion death occurred on the date and how and from the causes stated above (1) (we) (did (alid net) view the bady alter death.											
NT. If Hen		22L/SJĞNATÜRE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							SIGNED 9			
MPORTANT		Eric	HYSICIAN'S NAME (TYPE OR PRINT) CIC BOW- IM				Johns		pkis	1407	pind		
_ 2	BÜ	irial, cremation, pecify) RIAL	REMOVAL	236. DATE 1/23			N FOREST		234 LOCATION CITY OR TOWN OWINGSM		COUNTY	MD STATE	
M 7/84		PC' L'UNE	QA: H)[/ T 11/	ADDRESS NOR	TH AVE		JAP	ec'd. by registra 2 1 1987	R 25b. REGIS		TURE	



(VR A15 ME (5))





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marked ar

MPORTANT: If Hem 21

CERTIFICATION

MEDICAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 7 0 1 7 7 8
NOOLE LAST	20. DATE OF DEATH MONTH GAY YEAR 26 HOUR
of M. Wilson	1/17/87 10:10 1
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
MONTH DAY YEAR	72 YRS. MONTHS DATS HOURS MIN
WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city or county of Death BG/AMILE (171) MD
OSPITAL, NURSING HOME OR OTHER INSTITUTION HEACHTY, GIVE STREET ADDRESS	12d USUAL OCCUPATION 12d KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE LINDUSTRY Retired0
GIVE RESIDENCE REFORE ADMISSION) 13c CITY CRYTOWN 13d INSIDECITY LIMITS? NO NO NO NO NO NO NO NO	130 STREET ADDRESS / ZIP CODE RD 21215
LAST IS MOTHER'S MAIDEN NAM	
166. SOCIAL SECURITY NO. 17. INFORMANT 212 - 77-2687 Diana Bado	
C. Grd10 Dulmdon 1 Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AS A CONSEQUENCE OF PROCERMENT	
AS A CONSEQUENCE OF	
INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 110
TION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
FINJURY A. MONTH DAY YEAR A. 19	ED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
OF INJURY 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
deceased from 1/3 19 8 3	to 1/7 1987, the (IV (we) lost

DUE TO, OF Canditians, if any, which (b)___ gave rise to immediate cause (a), stating DUE TO, OR underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CO 19a DATE OF OPERATION 196 CONDI 21g ACCIDENT WAS UNGERLYING 216. TIME O HOUR A.A OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE C (AT HOME, STR NOT WHILE AT WORK 220 I certify that (I) Ithis haspital) attended the saw the deceased alive an abave, (i) (ive) (did not) view the body after death. 225 SIGNATUR DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 22e. ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

Burial

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

7a. BIRTHPLACE

N.C.

14 FATHER'S NAME

CITY OR TOWN OF DEATH

3. SEX

FIRST

STATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE)

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY

76 CITIZEN OF

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)___

NAME OF I

IF NOT IN SUC

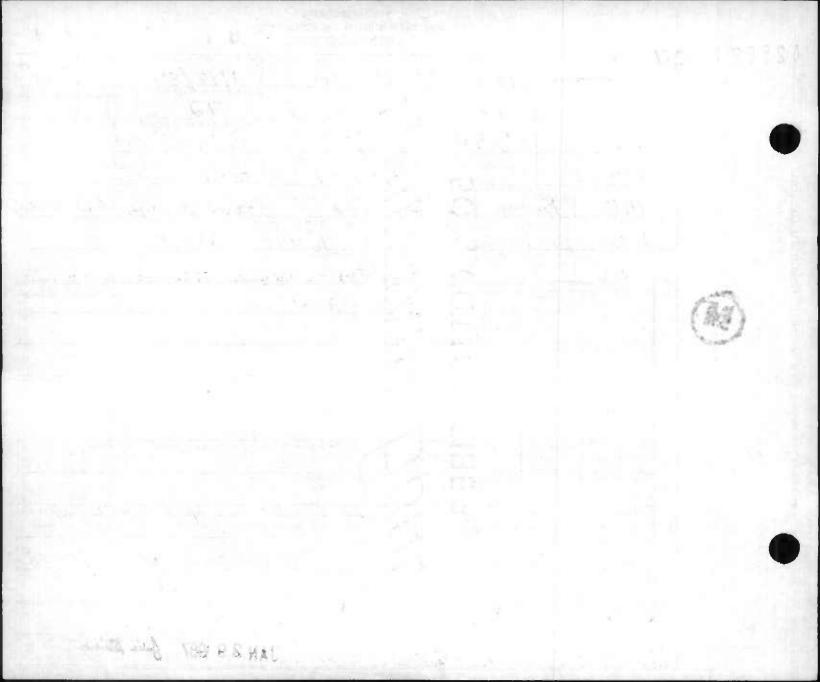
1/22/87

23¢ NAME OF CEMETERY OR CREMATORY Arbutus Mem Park

Baltimore, Md

STATE

Aw Fineral Home 461/1 Park Heights Ave JAN 29 1987



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 7 _{REG.}	NO.	0	1	1	1	
ATE OF DEATH	MONTH	DA	Y	YEAR	75 HOLL	P

Ý		REGISTRAR		CERTIFICATE OF DEATH 8 REG. NO.						
	 DEC 	CEASED NAME FIRST DAVIL	MIDDLE	WI	LSON	2a. DATE OF DEATH	MONTH DAY	VEAR 87	26 HOUR P 945 M	
	A RACE BLK				DF BIRTH DAY VEAR O F O	6. AGE (IN YEARS LAST BIR	YRS.		HOURS MIN.	
1	7a. BIF	Md	USA	WIDOW		9. BALTIMORE CITY O	CITY		MD.	
I	10. CT	TY OR TOWN OF DEATH AUTIMORS	11. NAME OF HOSPITAL, NURSING (IENOT IN SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	TYPE OF WORK FOR MOSTO		IB. KIND OI NDUSTRY	F BUSINESS OR	
4	134 S	AL RESIDENCE (IF NURS) OR COULT	OTHER INSTITUTION GIVE RESIDENCE BEFOR TV BALFO.		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	N	. 3 U.	21222	
)		Moses	WISO	2	15. MOTHER'S MAIDEN NAM	ME MIDDLE ADDRE	55	Haz	elton	
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7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	DN WAS PERFORMED	YES NO	206 IF YES, WE IN CERTIFYING YES			
San		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATHER NOTIFY MEDICAL EXAMINER)		AY YEAR		RED (ENTER NATURE OF INJU	RPIN ITEM 18 PART I	OR PART 2)		
-	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE	
		sow the deceased alive on above (I) (we) (did) (did not	of ottended the deceosed from, 19_1 view the body after death.	\$7.	and that in (my) (our) opinion	deoth occurred on the d		d from the		
		22b. SIGNATURE	<u></u>		ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF 2/	22c. DATE	SIGNED	
1		228. PHYSICIAN'S NAME (TYP) OF	CHIN		Francis Sh	of Cey	Med (CFY		
		BURIAL, CREMATION, REMOVAL (Series) Ourlal	23b. DATE 23c.	NAME OF	CEMETERY OR CREMATORY	23d LOCATION CALLO ON TOWN DALLO.		UNTY	MED	
1		Wm. March March	F/H 1101 APPRESS	Nort	h Avenue	N 2 0 1987	1 1 . 1 . 1	'S SIGNAT	Pandale	

DHMH - 16 60M 7/8 (VRA 15, 4)

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STATE OF MARYLAND

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18 BIRTHPIACE SLATE DEFINITION 18 CHIZEN OF WHAT COUNTRY 18 MARRIED 18 ALTHMORE CITY OR COUNTRY OF DEATH 18 ALTHMORE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18 USUAL OCCUPATION (IFFO OF WASCES MOST) OF WORKING UP!) 18 ALTHMORE CITY OR COUNTRY OF DEATH 18 ALTHMORE CITY OR COUNTRY OF DEATH 18 ALTHMORE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18 USUAL OCCUPATION (IFFO OF WASCES MOST) OF WORKING UP!) 18 ALTHMORE CITY OR COUNTRY OF DEATH 18 ALTHMORE CITY OR COUNTRY OF DEATH 18 ALTHMORE CITY OR COUNTRY OF DEATH 18 ALTHMORE SERVED WAS DECRESSED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO. 18 ALTHMORE OF HOSPITAL 1	3 S	EX	4. RACE			6. AGE (IN YEARS LAST BIR	
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Balto. Key Hosp. William National Control of Respondent Front Admissional Distriction of Control Cont	10. (CITY OR TOWN OF DEATH	.1. NAME OF HOSPITAL, NU	JRSING HOME (OR OTHER INSTITUTION		
13 CITY OR TOWN 134 INSIDE CITY LIMITS? 132 STREET ADDRESS / ZIP CODE MG MG MG MG MG MG MG M			Key Hosp.				WORKING (IFE) INDUSTRY
Md. Balto. YES NO 2920 Marlith Ave 21206	USI 13a					1124 STREET ADDRESS	73P CODE
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William Wilson Reba No WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17, INFORMANT 4625 ADDRESS Mary Ave.	14 F		,			ME	
Note		10.00				MIDDLE	LAST
Unkn. 212-20-7613 Mr. William A. Wilson Balto Md. R. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c)		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIALS			ACOF ADDRE	SS
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate couse (a), stating the underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION GIVEN TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION G				0-7612	Mac Edillian		
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22a. I certify that (I) (this haspital) attended the deceased from	7		2111				
22a. I certify that (I) (this haspital) attended the deceased from	50			19	211 LOCATION		
22a. I certify that (I) (this hospital) attended the deceased fram	W.		(AT HOME STREET, FACTORY, OF	FICE, FARM ETC)	STREET	CITY OR TOV	WN COUNTY
saw the deceased alive an large and that in (my) our) opinion death accurred an the date and hour and from the causes above. (1) well did (id not) view the bady after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIREC			rital) attended the deceased fr	am	1 19 87		27 19 57 that (1)
226. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 220. DATE SIGNI 220. PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN AND CR. 220. DATE SIGNI 220. DATE SIGN				19 01	nd that in (my)(our) opinion o	death accurred an the da	ite and haur and fram the causes
226 ADDRESS FOR T DIMMUS 236. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal 236. DATE 237. NAME OF CEMETERY OR CREMATORY 238. LOCATION CITY OR TOWN COUNTY COUNTY			- Don	Ca	ATTENDING _		
236. BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY		224 PHYSICIAN'S NAME (TYPE	OR PRINT)			J DIRECTOR PHISIC	0 11
(SPECIFY) Removal 1-28-87		The same of the sa			-	1 41	. 11/6
		PINC T. L			Manus -	Host hey	mel al.
24 FLINEPAL DIPECTOR	23a.	(SDECIEV)	23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY		COUNTY

DHMH - 16 60M 7/B4 (VRA 15, 4)

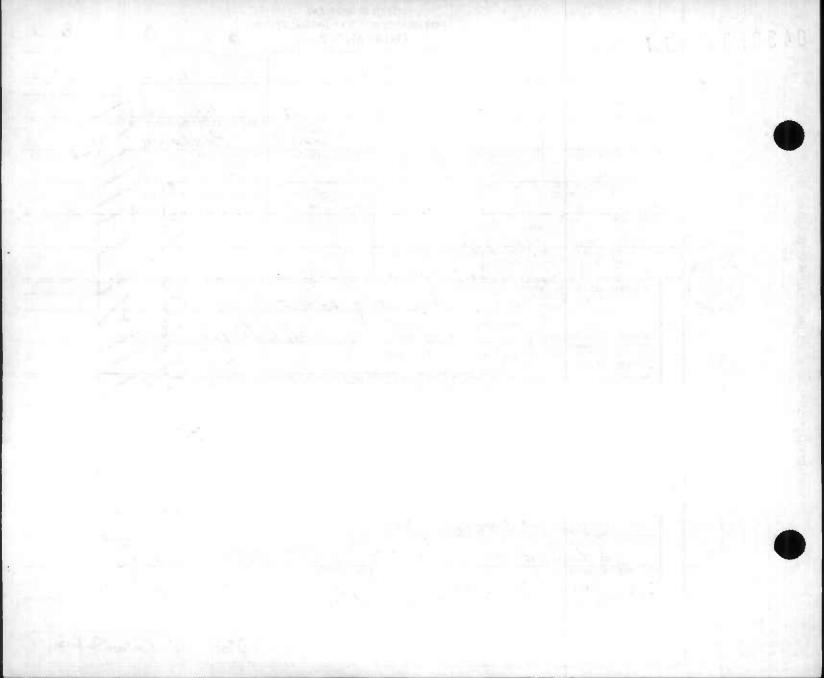
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Anatomy Board

ADDRESS

Balto., Md.

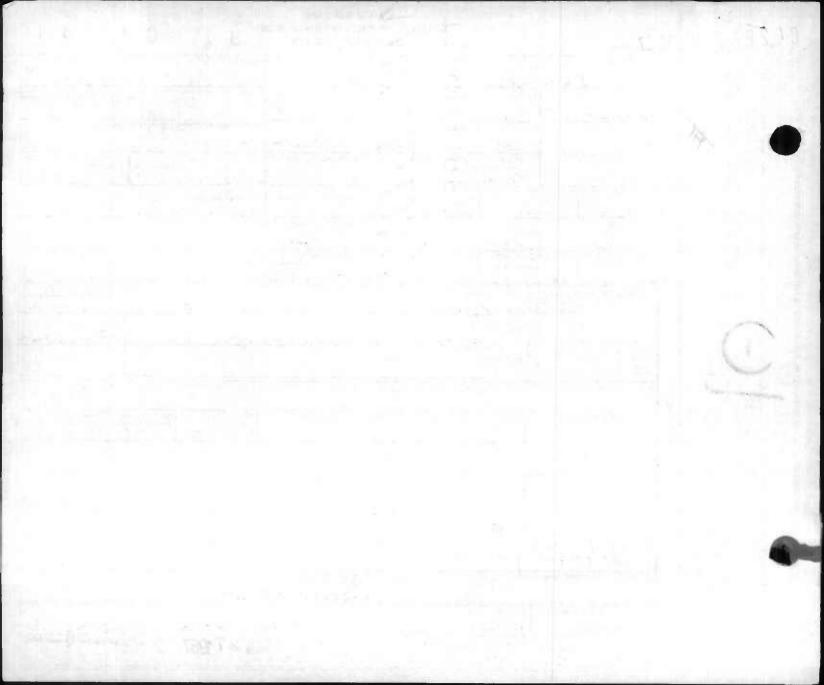
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	STATE OF MARYLAND								
EPARTMEN	NT OF	HEAL	TH	AND	MENTAL	HYGIEN			

8	REG. N	0.00	!	1	8
ATE O	FDEATH	MONTH	DAY	YEAR	2b HC

42095 JAN	29	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYD RTIFICATE OF DEATH	GIENE 8 / O	1 / 8 1
noy be poge 3		CEASED NAME FIRST EOU PRINTS	MIDDLE S	111650N	20. DATE OF DEATH MONTH DA	7 87 12 3 M
e 4 moy	3. SE	X	4. RACE 5. D.	ATE OF BIRTH		FUNDER LYEAR IF UNDER 24 HRS. DNIHS DAYS HOURS MIN.
		RTHPLACE STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY? 8	RRIED NEVER MARRIED OWED DIVORCED	Baltimore City Baltimore City	OF DEATH MD.
by the furthfiled with	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES 839 W. 36th St.	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
24 hours	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMIS TY 13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	Glass Installation	
ithin 2			- Baltimore	YES NO	MIDDLE	21211
dicale and a second		VAS DECEASED EVER IN U.S. AR.	WAR OR DATES)	Balt	imore ADDRESS MD	21211
operion o		Yes WW 2	215–16–160 by one couse per line for (a), (b), and (c), by SP:	0 James J. Wil	son 3445 Chestnut	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
distriction of the second of t		IMMEDIAT	DUE TO, OR AS A CONSEQUENCE		Repest	10 MIN
ING PRYSICIAM. The law cradings that the death smillicals be executed within 24 hours cattered by physician and completely filled in by the this certificate has been varied to the obtained physician and completely filled in by at the burnel-frank I seem. That person are moved to should be filled in by the seem of the		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE		ARCINOMA	3 MONTHS
The part of the pa	NO.	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 110
Service Company	CERTIFICATION	190. DATE OF OPERATION	196, CONDITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY! YES NOX YES	WERE FINDINGS USED ING CAUSES OF DEATH?
CCAN, T & physics entificate relations relations of thomas		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		EAR	RED (ENTER NATURE OF INJURY IN ITEM 18. PAR	RT I OR PART 2)
athendo the thing head Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	C) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pint or TOR At for use of feeting		22a I certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (fild no	ol) ottended the deceosed from	74/86, 19 2, and that in (my) (our) opinion	deoth occurred on the dote and hour	, mor dip(me) last
AL DIRECTOR AL DIRECTOR AL DIRECTOR DIR		22b. SIGNATURE	pal-H	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED 1-20-87
D HOSPITAL TELORIDA DE CONTROL DE		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS Loch Raven	VA Hospital	
0 € 2 4 3 <u>2</u>		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		OF CEMETERY OR CREMATORY Son Forest VA C	23d LOCATION CITY OR TOWN	county STATE MD
DHMH - 16 60M 7/84 (VRA 15, 4)			Byers Funeral Dir			A SERICE STUTE AND ALLE



	1 -	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 ZREG, NO. O	1/82
	I TYPE	GEASED NAME FIRST ISAB	ELLE	AIDDLE		LSON	JANUARY 16,	1987 26. HOUR P 5:15
	3. SE	x ele Female	4 RACE Blac	k	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) 76 YRS.	MONTHS DAYS HOURS MIN.
V		COUNTRY)	76 CITIZEN OF USA	WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNT BALTIMORE	
5	,	TYORTOWN OF DEATH BALTIMORE				S HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING housewife	12b. KIND OF BUSINESS OR INDUSTRY
	13a. S	AL RESIDENCE (IF NURSING HOME OR 136 COUN		GIVE RESIDENCE BEFORE 130. CITY OR TOW Balto.	ADMISSION) N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COI 1917 Eutaw Pla	DE ace Apt. 3D 21217
514	14. FA	Samuel	MIDDLE	Coleman		IS MOTHER'S MAIDEN NAME Callie	WE	Taylor
		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) NO (IF YES, GIVI	MED FORCES? E WAR OR DATES)	217-01-		Cleveland Wi	address lson 1917 Euta	w Place Apt. 3d
		18 CAUSE OF DEATH (Enter on: PART I. DEATH WAS CAUSEI IMMEDIAT	y ane cause per DBY: E CAUSE (a)			IONARY A	rrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 35 mm
		Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse last	(b)	PUCH OF	NAR	Y EMBOL	ism	12 hm.
	CATION	190 DATE OF OPERATION		9 69 60		NOT RELATED TO THE TERM N WAS PERFORMED		ES, WERE FINDINGS USED
2	CERTIFICATION	12/29/86 210, ACCIDENT WAS UNDERLYING	DO WY	FINJURY				(IFYING CAUSES OF DEATH? (ES NO NO NO PART 2)
1	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY ILE AT WORK	P.		19	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	r	220 Certify the 1 this hospit	1116	19	1217	. 17	death occurred an the date and ha	that (we) last our and fram the causes stated
		Eric 17	un	VIII)		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11687

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm. "C". March F/H 1101 E NorthwesAve.

23b. DATE

1/22/87

(m)

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Eric

230 BURIAL, CREMATION, REMOVAL
(SPECIFY)
Burial

23¢ NAME OF CEMETERY OR CREMATORY Arbutus Cem.

22e. ADDRESS

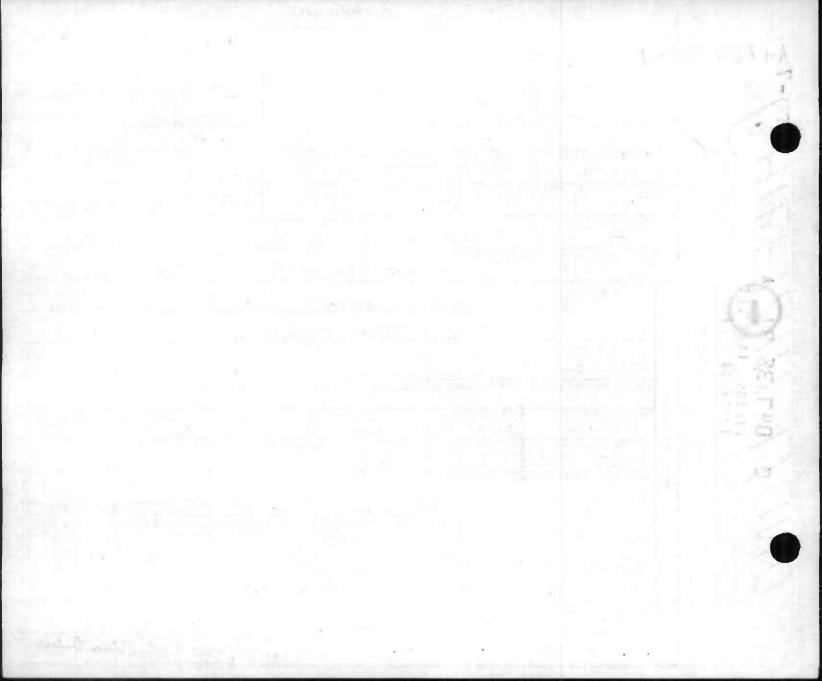
Johns

23d. LOCATION CITY OR TOWN

Balto County

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR SSIGNAL

44.1.0 1 1007



FOR

- STATE

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR

Wm C March F/H West

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

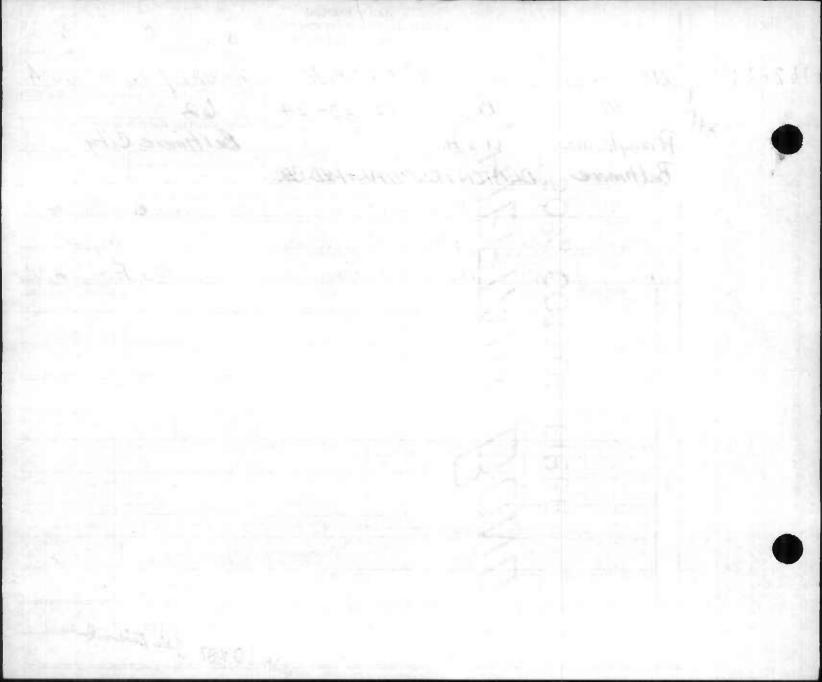
CERTIFICATE OF DEATH

Garrison Forest Vet

4300 Wabash Ave.

Owings Mills,

25a. DATE REC'D. BY REGISTRAR SI REGISTRATION



Balto.Md.2123QDRESS

Funeral Home. 130 E. Fort

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

Glen Haven Mem. Pk.

STATE OF MARYLAND

Glen

CITY OR TOWN

Burnie, A. A. Co. Md.

YES [

COUNTY

TIL DATE SIGNED

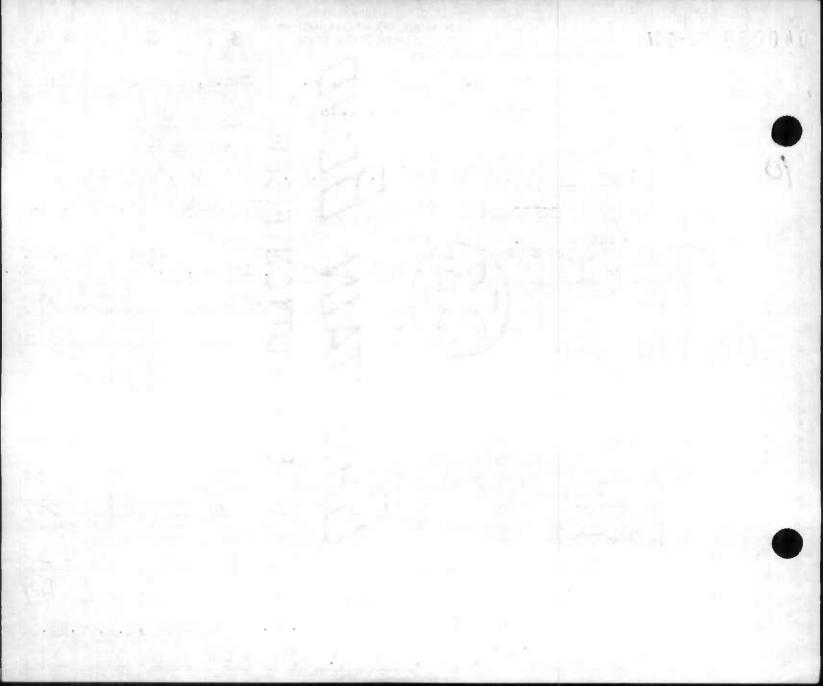
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26 HOUR

17b KIND OF BUSINESS OR

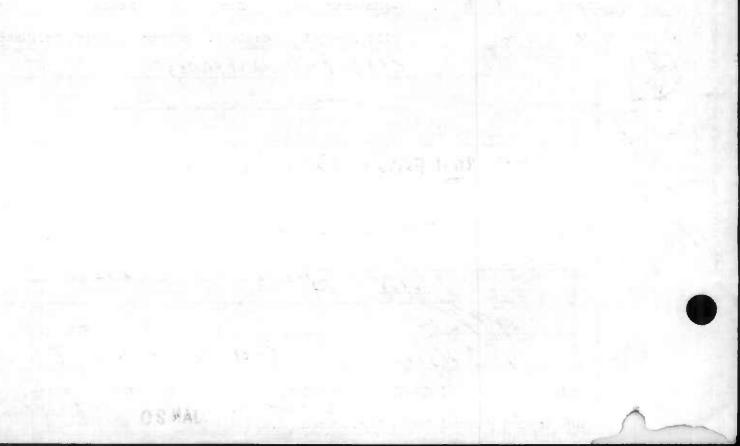
IF UNDER I YEAR

Moore



141454 JAN 2	1 107FOR STATE REGISTRAR	5162	DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	8 /	01788
noy be poge 3	T DECEASED NAME	FRANCES	DIE	WINDSOR	REG. NO.	ONTH DAY YEAR 26 HOUR 22000
age 4 may	3. SEX emal		S. DATE (H DAY YEAR	6 AGE TIN YEARS LAST BIRTHI	MONTHS DATE HOURS MIN.
nerol o	To. BIRTHPLACE STATE OR FO COUNTRY) Maryland	Th CITIZEN OF WH	MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY OR BALTIMORE	
by the for filled with	10. CITY OR TOWN OF DEAT	UNION N	SPITAL, NURSING HOME (ACILITY, GIVE STREET ADDRESS) MEMORIAL HOSE	OR OTHER INSTITUTION	12d USUAL OCCUPATION 11VPE OF WORK FOR MOST OF V Registered M	N 126 KIND OF BUSINESS OR INDUSTRY
in 24 hourshold be en most be			RESIDENCE BEFORE ADMISSION) CETTY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌		21211 d Ave.,Apt.617E
mplete on 2	Levi	M.	McCarty	15 MOTHER'S MAIDEN NA	Belle	Myers
FIMORE oxecupe execupe on and conficers medico	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	213-12-6861	Dessie L. M	cCarty- 9 Sou	21750 ath St., Hancock, Md.
W. PRESTON ST., BALTIMORE, MAR on the dight of the dight	PART I. DEATH WA	MMEDIATE CAUSE (0)	ARDIOPHLA	nonary fand	rsi	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the dotter that the or the control of the cont	Conditions, if ony, gove rise to imm couse (0), stoting underlying couse	which (b)	S A CONSEQUENCE OF			
RDS, 20 equires n signed Then ple to buris injury, a		Plat Fail	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM		TION GIVEN IN PART 1(0)
NG PHYSICIAN The low requires the ottending physicion. Iter this certificate has been signed be as the buriol-transit permit. Then plea the and Mental Hygiene prior to buriol, or Med ar Hem 18 shows any injury, or earlied or Hem 18 shows any injury, or any orked or Hem 18 shows any injury, or any orked or Hem 18 shows any injury, or any orked or Hem 18 shows any injury, or any orked or Hem 18 shows any injury, or any orked or Hem 18 shows any injury, or any o	190 DATE OF OPERATION AS UNDE		ON FOR WHICH OPERATIO		YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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NG PHY offer this os the b	WHILE NOT WHILE AT WORK	E AT HOME, STREET	FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDI hospital or RECTOR: A RECTOR: A red for use ppt. of Heal	sow the deceased above, (I) (we) (di	this hospital) attended the d d alive on	7 19 87 0	nd that in (my) (our) opinion	deoth occurred on the dote	and hour and from the couses stated
Y the Order Order Did Getoch Orte De O	22b. SIGNATURE	Allmi			MEDICAL STAFF	22¢ DATE SIGNED
TO HOSPITA TO FUNERA Should be d with the Sto	22d. PHYSICIAN'S NA	03 HS160		EZOI Uni	versity Parkwa	my Baltimore Md.
BP	230 BURIAL, CREMATION, R ISPECIFY) Burial	23b. DATE 1-20-87	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Woodlawn	YOUNTY STATE
	24 FUNERAL DIRECTOR	1-20-07	WOOdTa		100000	Balto. Md.

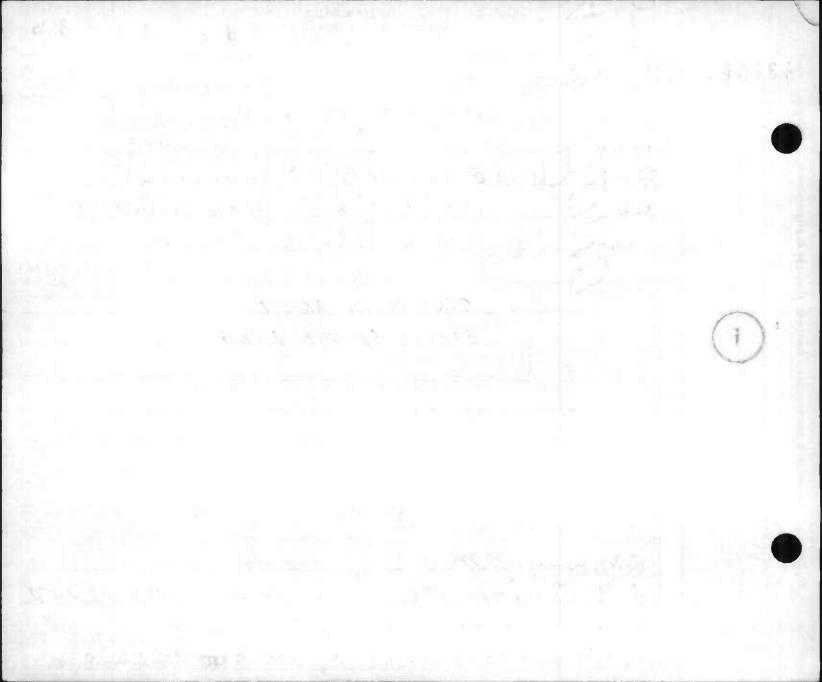
24 FUNERAL DIRECTOR
NAME
Ruck Towson Funeral Home, Inc. Towson, Md. 21204



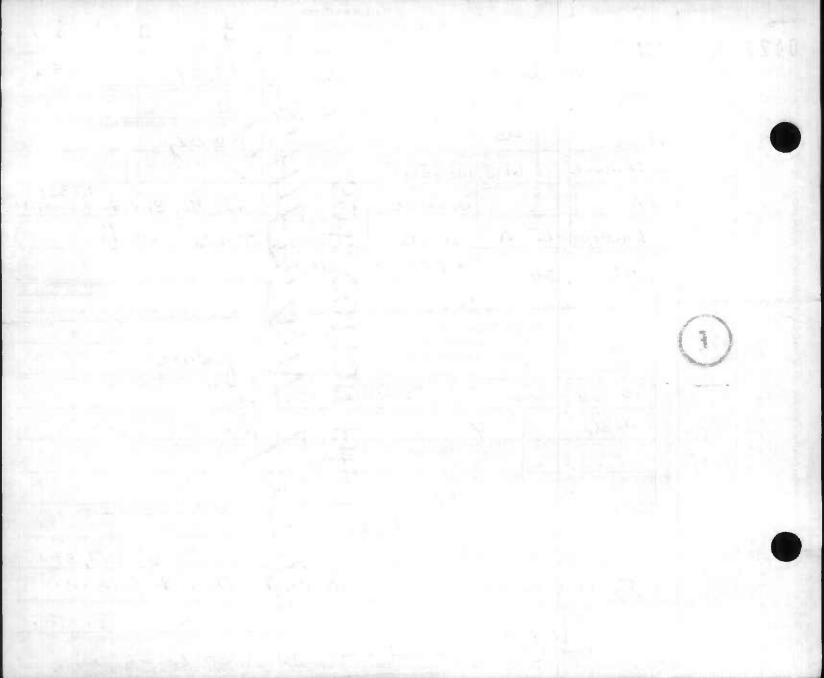
BALTIMORE,

PRESTON ST

DIVISION OF VITAL RECORDS,



Hanovar Pa



DHMH - 16 60M 7/84 (VRA 15, 4)

23c. NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

COUNT

STATE

Burial 1/29/87Sacred Heart of Mary Cem.—Baltimore, Maryland

1/29/87Sacred Heart of Mary Cem.—Baltimore, Maryland

1/29/87Sacred Heart of Mary Cem.—Baltimore, Maryland

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1/29/87Sacred Heart of Mary Cem.—Baltimore, Maryland

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1/29/87Sacred Heart of Maryland

1/29/87Sacred Heart of Mary Cem.—Baltimore, Maryland

1/29/87Sacred Heart of Maryland

1/

22c. DATE SIGNED

2b. HOUR

Transportation

1987

Buczunski

100NORTH BROADWAY BALTO, MD.21231

230 BURIAL, CREMATION, REMOVAL

destra state 22 Soltiwore City, Bulltwore Chuch new Yell Truck Driver Prans cricilo Nd. ____ Bairt nee x . . 22 N. Streeper St.-21224. Anna Bucaynakt. Frank ---- doftke tak --- 213-01-1529-4rs. *organs! a. wojtkowiak -21224.

backing anomitime. The transfer a state of the state of t

48 4	FOR 77 REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 / REG. NO.	01/89
	DECEASED NAME FIRST PPE OR PRINT) REUBE	MIDDLE	WOLFE	20 DATE OF DEATH MONTH	22-87 9 19
3. 3	Male	White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 93 YRS	IF UNDER 1 YEAR IF UNDER 74 HRS MONTHS DATS HOURS MIN.
2 10	CONINTONI RUSSIA	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN BALTIORE	
= (BALTIMORE L	NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET A EVINGALE	IS HOME OR OTHER INSTITUTION APPRESS) HOME	170 OF THE CHATTEN WORKING	12b. KIND OF BUSINESS O INDUSTRETAIL
13d	UAL RESIDENCE (IF NURSING HOME OR OTH STATE 13b. COUNTY	13 CUTY OR TOW	MORE YES INO [3900 FORDS L	AND Apt 10
exomi	FATHER'S NAME FIRST MIDE ABRAHAM	WOLFE		LINE	SIFF
12-0	WAS DECEASED EVER IN U.S. ARMED (18 YES, NO OR UNKNOWN) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AR OR DATES)	3903 3900 FO	MA L. GRÉENSPON RDS LA. BAL'	APT. 103 FO., MD 21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or differ troumpatic eve	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) HAY () DUE TO, OR AS A CONSEQUE (c)	NOR OF THE	COLON WITH	5
8 shows only plant			DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
-	OR COLUMNIA COLUMN	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	YES NO DE INJURY IN ITEM !	YES NO D
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F)	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	270 1 certify that (I) (this hospital) sow the deceosed alive on obove, (I) (we) (did) (did not) vi 27b. SIGNATURE	1/22 19	DEGREE ATTENDING PHYSICIAN	death occurred on the date and h	. 19
MPORTAN	22d. PHYSICIAN'S NAME (TYPE OR PRI	WeN, mo	22e. ADDRESS	GeriATRIC CI	M. BALTO

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

BURIAL 24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO., MD

SOL LEVINSON & BROS.INC.

JAN.23,1987 BETH TFILOH

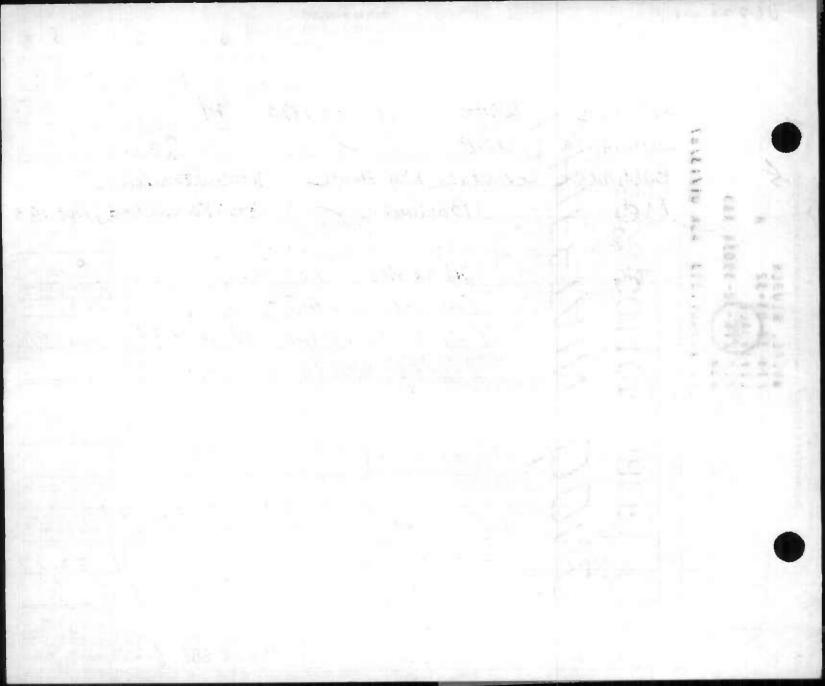
21215

234. LOCATION
CITY OF TOWN
BALTIMORE

MARYLAND

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JAN 28 1987 Julia Deviden Landaus



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIE
CERTIFICATE OF DEATH

-	167	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG	IENE 8 PREG. NO	0	1/	9	0
		CEASED NAME FIRST A		LFGE		20. DATE OF DEATH	MONTH DA	Y YEAR	HOUR	0
	3. SE)	7	4 RACE	5. DATE (6 AGE (IN YEARS LAST BIR		G. TOZ. I T. PAIN	IF UNDER 25	HRS
	101	F Femalo	WWhite	MONT	- 16-07	79	YRS.		HOURS	MIN.
		RTHPLACE (STATE OR FOREIGN	U. S. A.	D NEVER MARRIED	9. BALTIMORE CITY OF		City,		MD	
6	B	altimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET St. Agnes H.	ADDRESS)		120 USUAL OCCUPATION OF LOST CONTINUES CONTINU	ON OF WORKING (IFE) OY-Cr	126 KIND OF INDUSTRY DWN C	BUSINES	s or Sea
100	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE Md.	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Baltin	'N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE Balt		St=	y
	I4 FA	William	R. Wolfgro		15. MOTHER'S MAIDEN NAME FIRST Mary	ME MIDDLE Emma	1	DEEGA N	212	24.
		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMANT Balt	imore, ADDRE	ss Md.	2122	4	
	(1	NO	213-01-	4701	Mrs. Anna	B. Rooney-	-318 3	.Boul	din	St
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR A SA CONSEQUI	ENCE OF A	0	tre and	urjer			
	NOI	PART 2 OTHER SIGNIFICANT	t jolycystic	DEATH BUT	NOT RELATED TO THE TERM		DITION GIVE	N IN PART 110		
	CERTIFICATION	190 DATE OF OPERATION	CONDITION FOR WHICH	OPERATIO	N W & PERFORMED	YES NO		WERE FINDING ING CAUSES O		1?
	CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	71c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	ET I OR PART 2]		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC }	21f LOCATION STREET	CITY OR TO	IWN	COUNTY	STA	LTE.
		saw the deceased office on	oital attended the deceased from	87%	nd that in (my lour) opinion	death occurred on the d	ote and hour	thond from the co	ot (li (we	ed lost
		obov, Natwe (did) (did not) view the body after deoth. 276. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN ATTENDING MEDICAL STATE PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DEGREE PHYSICIAN DIRECTOR PHYSICIAN DEGREE PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN								
		22d. PHYSICIAN'S NAME (TYPE OF	GARO MI	EW	27e ADDRESS	gnes &	apel	Z		
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial			more Cemete	23d LOCATION CITY OR TOWN TU-Baltin	nore	Marul	and	LTE.
		INERAL DIRECTOR John	A. Moran, Inc.	Fune	ral Home DAT	E REC'D. BY REGISTRAR AN 6 1987	25b. REGISTR.	AR'S SIGNATU		LA.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR

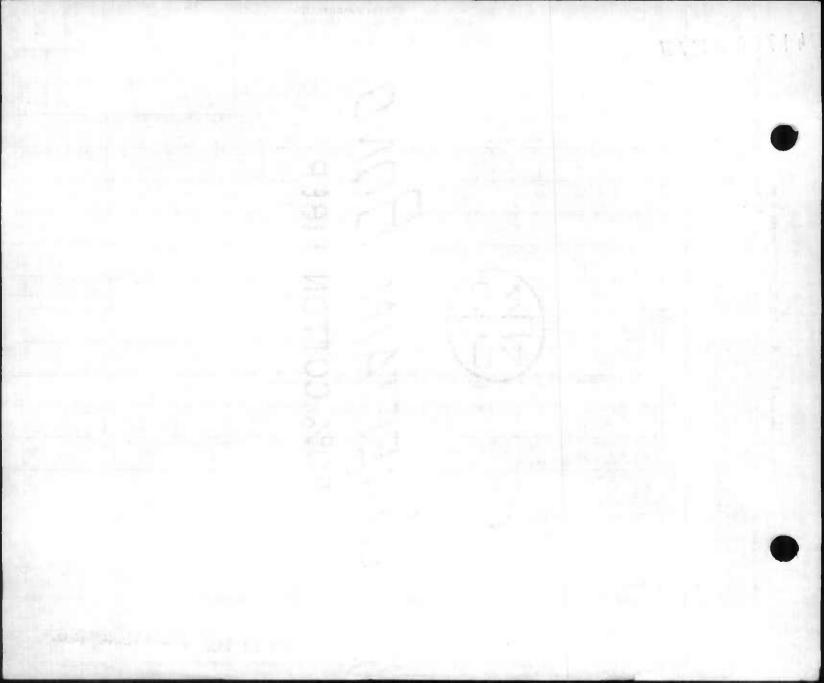
	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 / O 1 / 9 1 CERTIFICATE OF DEATH											
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	3. SEX	F	4 RACE B	5. DATE OF BIRTH	78	UNDER I YEAR IF UNDER WHIS NIHS DAYS HOURS MIN.								
+	No	orth Carolina	76. CITIZEN OF WHAT COUN	MARRIED LI NEVER MARRIED L WIDOWED DIVORCED	I mitimore	City MD.								
0	B	TY OR TOWN OF DEATH	Deaton Hos	oitalement unt	126 USUAL OCCUPATION THE CHICAGO FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY MD RACING COMM								
24	TAN S	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN THERS NAME	ITY BUTTOR	TOWN 13d INSIDE CITY LIMITS?	827N. Hrlingto	n Ave Apt 207								
E		VAS DECEASED EVER IN U.S. AR	MED FORCES? 160. SOCIAL	nes firsma	MIDDLE MIDDLE	LAST								
1		(IF YES, GIVI	E WAR OR DATES) 217-18	3-3936 Mamie B	. ToaTley 2407	W. Lanuale St.								
35. 12		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	y failure	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH										
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	SPOUENCE OF 16	" Inspirator	arrest								
	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0												
9	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?								
9		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAL IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH	H DAY YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	ET I OR PART 2)								
/	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	el o	CITY OR TOWN	COUNTY STATE								
		22a. I certify that (1) (this hospital) attended the deceased from												
-		THE SIGNATURA	leed M.D.	DEGREE ATTENDING PHYSICIAN		224. DATE SIGNED								
1		THE PHYSICIANUS NAME (TYPE O	LEED M.	D. 611 5. (CHAS ST. BAC	TO. MD 2-123								
	23a B	Burial, CREMATION, REMOVAL	23b. DATE 1/30/87	Anbutus Mem. Pk.	Arbutus, Md.	COUNTY STATE								

4300 Wabash Ave.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

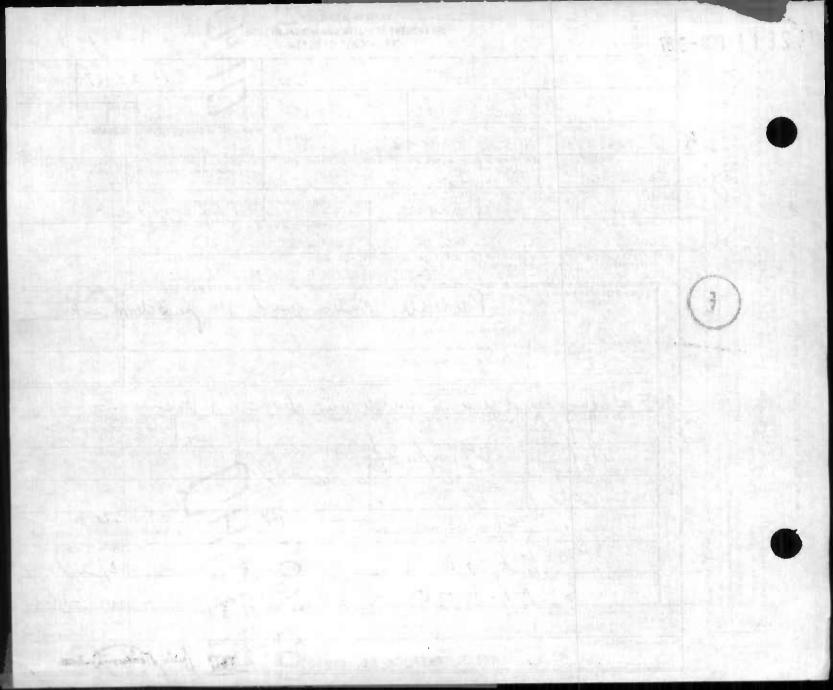
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the fe	Pa	10. C	TY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN			-		CCUPATION		KIND OF	RUSINE	MD.
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nd	pp /	(YES, NO OR UNKNOWN) I IF YES, G			MED FORCES? WAR OR DATES)					ADDRESS					
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1	1		18 CAUSE OF D	EATH (Enter or	ly one couse per	De for (a), (b), and	d (c).)			. /		Las	APPROXIM	ATE INTER	VAL
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s b	200	Ď.	196 DATE OF OP	EKAINON	196 COND	TION FOR WHICH	OPERATION	WAS PERFO	DRMED	20a AUTOF		YES, WERE	FINDING	GS USED	H2
h p	300	TIE	(W U		1 /	1 1			YES	NOES	YES 🗌	AUGES C	NO [1
cofe	8 54	Ü	21a. ACCEPTED WA	1-97 mg [21b. TIME O		11	21c. HOW IN	JURY OCCURB	PENTER NATU	IRE OF INJURY IN ITEM	18, PART 1 OR P	ART 2)		
11-10-1	EM	AL	Of CONTRIBUTION	Such examples	HOUR A	M. (MONTH /DA	Y /T		12	11/1					
s ce	r He	MEDICAL	THE INDIDENT COCK	COUNTY CHAMPEN	Ale. PLACE	W. C	100	211 LOCATE	ON	///					
he th	0	ME	Week Po N	much fr	(AT HOME, STR	PET, FACTORY, OFFICE, E.	ARM, ETC.)	STREET	OIN		CITY OR TOWN	COUN	VIY	STA	ATE
fter bs t	orke		ATWORK L	THERE !	4		- n		010	, /					
A Se	E		22a I certify tho	t (1) (this hospi	tal) attended the	ed sceased from_			19	/, to		19_(ZY-A	iat (1) (w	ve) lost
000	21 ;		sow the dec	eosed dive on	Tryiew the bady	en singe	on Som	that in (my)	(our) opinion d	eoth occurred	on the date and	hour and fro			
ed f	E		22b. SIGNATURE	e dia (dia no	Triew the bady	ofter death.		EGREE							-
Sch 20	2 =		TIE. GIGITATIONE	17.4	112 -	1.			ATTENDING	MEDICAL	STAFF	120	DATE S	IGNED	
RAL	7				1100	2 W			PHYSICIAN	DIRECTOR	PHYSICIAN [1	12	18	7
NE DE	TAI		22d. PHYSICIAN	S NAME (TYPE O	PRINT)	1		22e. ADDRES	SS ,			-		/	-
Should by	MPORTAN			SH	AB	# 22		101	76 F	+ 1 man	Mosal -	1000	1	11>	175
Oh sh	<u>\$</u>	73a D	URIAL, CREMATIO	ON PEACOVAL	23b. DATE	122. 4	IAME OF CE	METERY	CREMATORY	1224 1000	10N	- and		-/-	05
8.1	A		PECIFY)							23d. LOCAT	OWN	COUNTY		STA	TE ,
·	-			Burial	2-2-8	1 Gav	vuson	rores	it Cemet		vings Mi	lls	Mo	aryl	and
16 50M 7	/77		INERAL DIRECTO			ADDRESS	V Holes		10/2 (PM) 10%	REC'D. BY REC	GISTRAR 256. REG		IGNATU	RE	70
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								-, -, -		- PAV					

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or otherding physician.



23h DATE

1-17-87

FOR

- STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

ISPECIFY BURIAL

24 FUNERAL DIRECTOR

PARKWOOD

231 NAME OF CEMETERY OR CREMATORY

CEM.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

YE AR

IF UNDER I YEAR

INDUSTRY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

DATE SIGNED

STATE

STATE

YES T

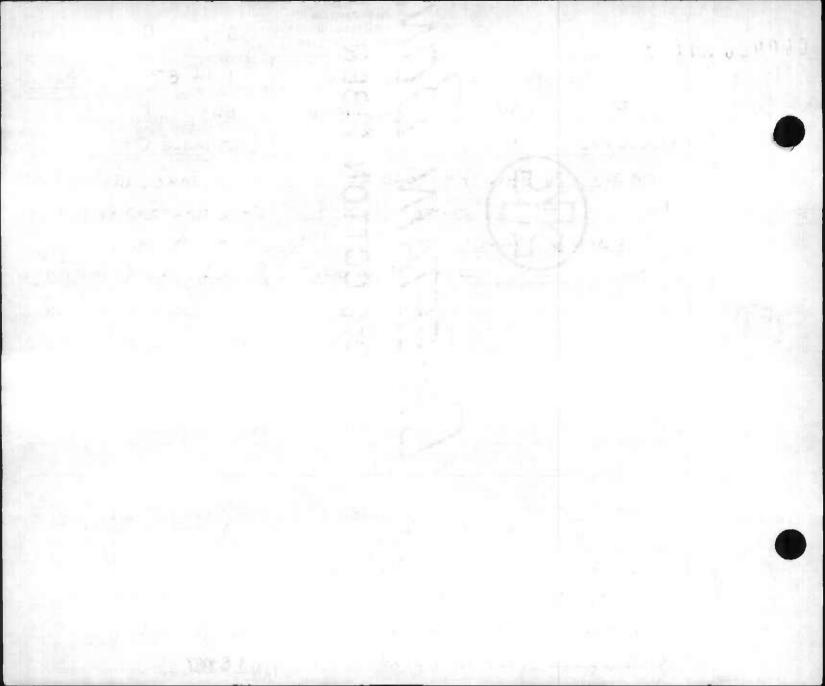
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2h HOUR

12h KIND OF BUSINESS OR

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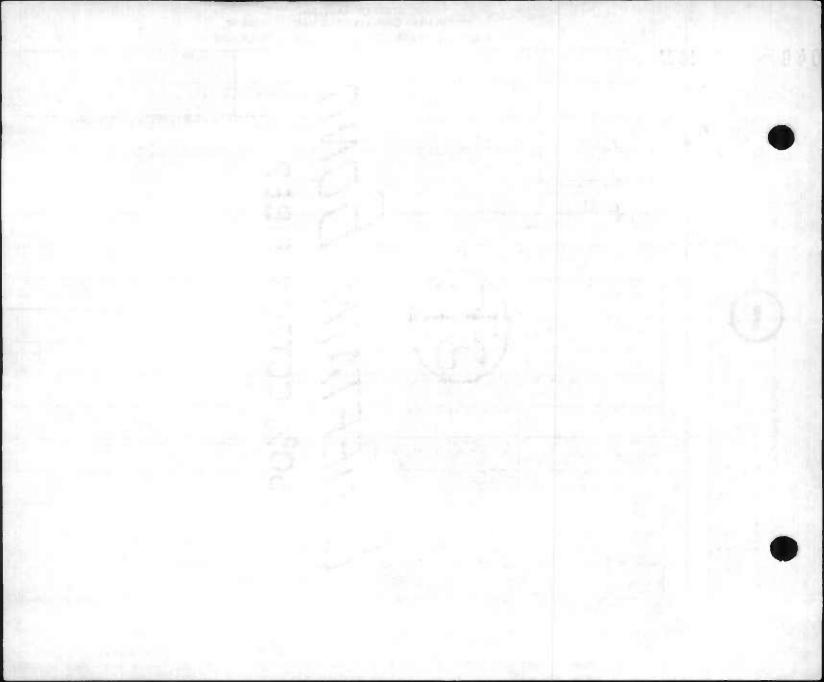
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN DECEASED NAME OF ESTI-IS NECESSARY, PLEASE OF FUNERAL DIRECTOR.

E 5 FOR YOUR FILES.

E) WITHIN 72 HOURS

W, PRESTON STREET, Rosella DEATH MATED Yerby 7 19 8 4. RACE SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE 2d HOUR MONTH LAST BIRTHDAY) PRONOUNCED 08 1920 DEAD BLACK FEMALE 07 7 19 66 70 BIRTHPLACE (STATE OF Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY CAROLINA WIDOWED X DIVORCED Baltimore City ELAY IS P TO THE FI PAGE 5 SE FILED, SCROUN 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 2, AND 3 TO T 3. RETAIN PA 2 SHOULD BE F Baltimore Druid Lake Drive DOMESTIC PVT. FAMILIES USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21217 13e STREET ADDRESS 3e. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTIMORE 727 DRUID PARK LAKE DRIVE MARYLAND YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST MIDDLE LAST SIMM MARY BRYANT KORNEGAY IT INFORMANTMRS. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESSJESSUP MARYLAND 219-05-8462 MARGARET HAYES 8624 CHESHIRE CT. 20794 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Hypertensive & arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION Diabetes mellitus nSED. 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO Y 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21a PLACE OF INJURY IF LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORW TO RUNERAL DIRECTOR P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND 9 Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted from: Natural causes K Hamicide Accident Undetermined monner TITLE (SPECIFY) ACTUAL n Assistant 1/7/87 MEDICAL EXAMINER EXAMINER'S NAME William M. Zane, M.D. PennSt. Balto.MD. (TYPE OR PRINT) ADDRESS 23a BURIAL CREMATION REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE BURIAL 1/11/1987 AYDEN CEMETERY AYDEN CAROL INA 07/84 BP 24 FNUTATER CTOR SONS FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR (256 REGISTRAR'S SIGNATURE **DHMH - 17** when placed war. 2501 gwNNS FALLS PKWY, BALTIMORE, MD. 21216 (VR A15 ME (5))

STATE OF MARYLAND



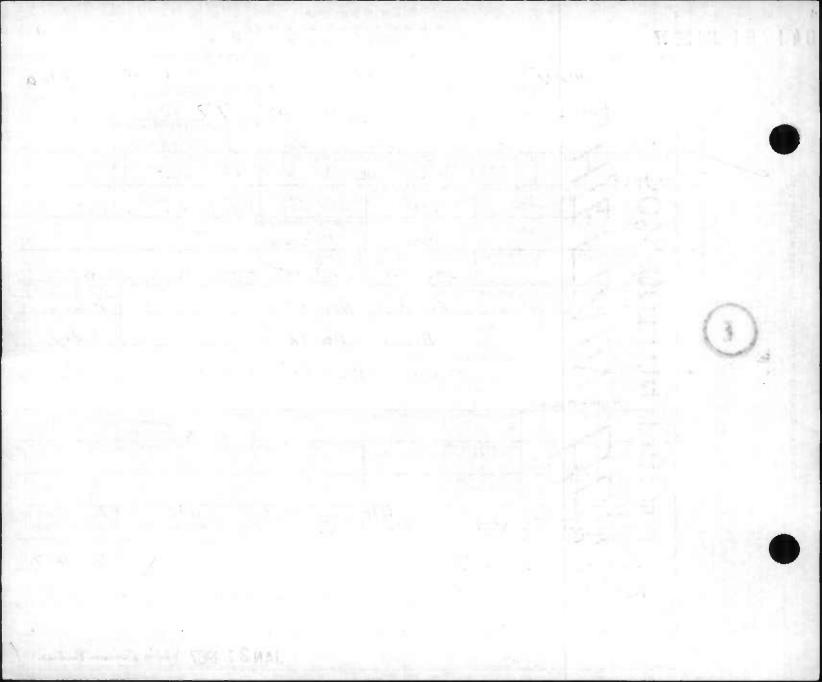
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3	17 STATE REGISTRAR			DEPAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO.							9 1	Ó
	DECEASED NAME	FIRST	Yi	Man		Yi	20	DATE OF DEATH	MONTH	20 20	VEAR 87	26 HOU	R R QM
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U	70. BIRTHPLACE ST	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8.		9 1	BALTIMORE CITY			EATH		
А	Korea		No		WIDOWE	D NEVER MARR		Baltim	oro C	ity			MD.
	10. CITY OR TOWN O	OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTE	ON 120	. USUAL OCCUPA	ATION	12b	KIND OF	BUSINE	
	Baltimore	4		CH FACILITY, GIVE STR		spital	ייון	Homema	ker	GLIFE) IN	DUSTRY		
	USUAL RESIDENCE 130. STATE Maryland	13b COU	R OTHER INSTITUTION	Baltim	ore admission) ore	13d. INSIDE CITY LI. YES X NO	□ 2	STREET ADDRES	S / ZIP CO	DDE 2	1237		
	14. FATHER'S NAME FIRST		WIDDLE	LAST	on	15. MOTHER'S MAI		MIDDLE			LAST		
7	160 WAS DECEASED			166 SOCIAL SE	CURITY NO.	17. INFORMANT	-	ADE	DRESS				
	No OR UNKNO	WN) JIF YES, GI	VE WAR OR DATES)	213-86-	4134	J.E. Low	vell Le	mmon, 1	o W.				
I	18.'CAUSE OF PART I. DE	ATH WAS CAUSE	D BY:	r line for (o), (b),	1.	A	+				APPROXIA BETWEEN O		
1		IMMEDIA	TE CAUSE (o)	Lai	-diac	11146.3	,				13 19	innte	_
1		f ony, which	DUE TO, O	R AS A CONSEC	DUENCE OF	Peat.	4				10	lay	
		couse (0), stoting the underlying couse lost. (c) Massive intracerebral hemorrhage								4 0	loys		
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. Hypertension											
7	AND THE OF C			DITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO				H?	
3	OR CONTRACTOR	VAS UNDERLYING [OF INJURY .M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRED			-	R PART 2)		
/]	I IF EITHER NOTH	FY MEDICAL EXAMINE		.M.	19	211 105171011							
	ANTITUTE	NOT WHILE AT WORK	JAT HOME, ST	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC)	211. LOCATION STREET		CHTY OR	TOWN	CC	YINUC	S	TATE
		hot (I (this hosp leceosed alive or we)(did))(did no		deceased from	-	6, 19 nd that in (our)	97 opinion deot	, 10	dote and h	. 19 <i>8</i>		hor (v	
	22b. SIGNATU	RE O	A)	n offer death.	0.	DEGREE ATTEN	IDING _ A		TAFF 🔪	12	2c. DATE S	IGNED I	_
Н	22d PHYSICIAL	N'S NAME (TYPE	OR PRINT)	Longo	tu,	77e ADDRESS	ICIAN D	RECTOR PHY	SICIAN		120	18	_
	Russe	13	m	gotis		-	s Swott A	key med	ctr	Bo	H.	ml	1
	230 BURIAL, CREMA				NAME OF C	EMETERY OR CREM	ATORY	234 LOCATION		COUR	VIY	5	TATE
	Burial		1/22	/87 C	ulaney	Valley C		Timoni		Bal	to.	M	d.
	24 FUNERAL DIRECT	OR		ADDRESS			250 DATE RE	0.4	AR 25b. REG	20mm B	SIGNATU	JRE	
	J. E. L	owell Le	mmon,	10 W. P.	adonia	Rd.	JAN	21 1987	Julia	Danie	wn. K	undae	4

DHMH - 16 60M 7/84 (VRA 15, 4)



DHMH - 16 60M 7/84

(VRA 15, 4)

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1 - STATE RECESTRAR DECEASED NAME CTIFF OF PRINTS

TE BIRTHPLACE

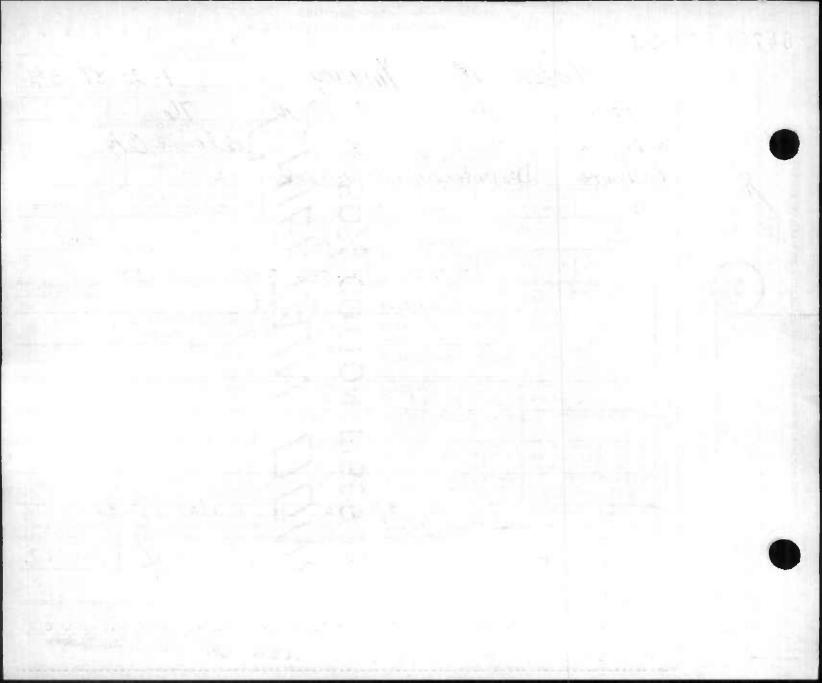
MD INFATHER'S NAME F/RSE BURR 160 WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) NO

UAL RESIDENCE (IF NURSING HO

3. 5EX

FOR STAFE HEGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	0 1	791
EASED NAME HERST	n	ADOLE VIN	gling		1- 25	-OI JAM
FEMALE		HITE MATCOUNTRY? 8		6. AGE (IN YEARS LAST BIR) 7. 9. BALTIMORE CITY O	O YRS	
THPLACE (STATE OR FOREIGN 7	4.5	MARRIED WIDOWE		Belino	MD. MD.	
Amme L RESIDENCE (IF NURSING HOME OR C	Deator	H FACILITY, GIVE STREET ADDRESS) HOLL ME GWI HELDOW E HEFORE AGMISSION)	deed Center	(TYPE OF WORK FOR MOST O HOMEMAKER		INDUSTRY
MD HARFOR	ſΥ	HAVRE de GRACE	13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	130.STREET ADDRESS / 301 COMMERCE		21078
	AED FORCES?	WOOLWINE 166. SOCIAL SECURITY NO.	NETTIE 17 INFORMANT	MIDDLE	55	HUGHES
ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR GATES)	215 22 3566	MRS. CAROLYN TRA		E AS #13	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OI	Respirato RAS A CONSEQUENCE OF SEVERE	COPD (Chronic Obst	tructive lisease	SELWIEN O'SEL AND DEATH
PART 2 OTHER SIGNIFICANT CO	estive	11 1	NOT RELATED TO THE TERM	INAL DISEASE OR CONI)ITION GIVEN	IN PART Ita
19a. DATE OF OPERATION		TION FOR WHICH OPERATION		200 AUTOPSY? YES NO X	IN CERTIFYIN	
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (WE EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.J 21e. PLACE (M. MONTH DAY YEAR M. 19	211 LOCATION	ED (ENTER NATURE OF INJUR		COUNTY STATE
22a certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	view the body	after death	d that in (my) (aur) apinian a DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death accurred an the do	F /	22c. DATE SIGNED
V. Bar	nwe	. []				

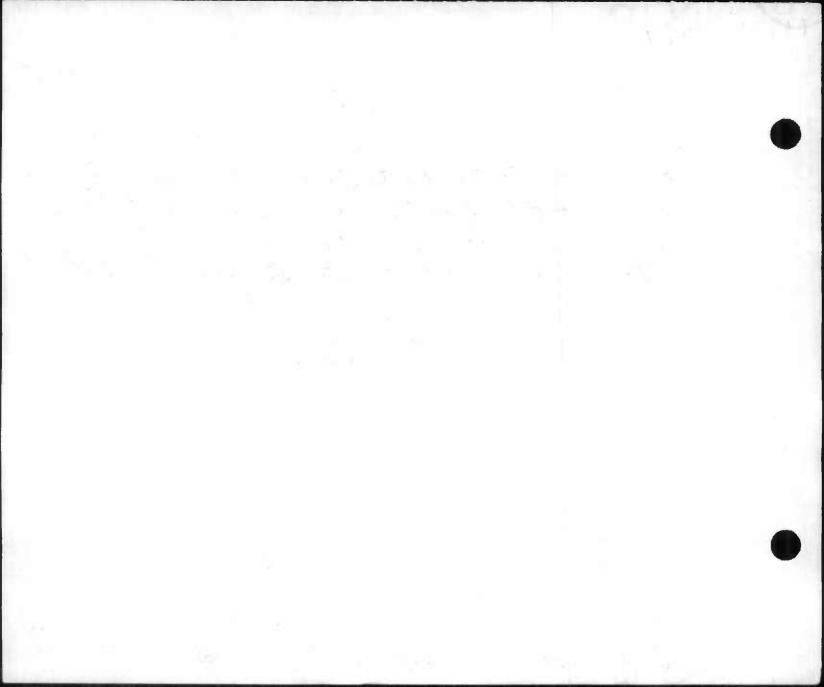
22d. PHYSICIAN'S NAME (1 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY BURIAL 27JANUARY87 HARFORD MEMORIAL GARDENS ALDINO, HARFORD CO., MARYLAND 250 DATE REC'D. BY REGISTRAN S. REGISTRAN S. SIGN 24 FUNERAL DIRECTOR MITCHELL FUNERAL HOME, PA HAVRE de GRACE, MD. 21078



STATE	OF MA	RYLAND
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8	REG. NO.	0	-	1	9	3
_				_		-

01	1		STATE OF MARYLAND	
041746 JAN	27.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	BIENE 8 7 0 1 / 9 8
nay be poge 3 r death		CEASED NAME FIRST OR PRINT) David	young Sr	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR A 1230 M
man mo	3. SE	male B	lack PONH 42/9/0	6 AGE (INYEARS LAST BIRTHDAY) OF THE FORM
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S	outh Carolina Th	OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or COUNTY OF DEATH,
201 Sy the third and a state of the state of	1	Paltimore 50	OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IS SUCHERCILLY, GIVE STREET HORESTY. WHO Sally, Clerk	120 USUAL OCCUPATION CHARGEMORY FOR MOST ON WORKING LIFE INDUSTRY CREL WOLKEY
MARYLAND 2120 ed within 24 hours implemely filled in by and 2 should be fill condition.		nd PAAC	TION GIVE RESIDENCE BEFORE ADMISSION) 136 PT OR TOWN. 136 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP CODE Balto Md & 1226
MARYL mitplens) und 2 s	0	THE'S NAME MIDDLE	Young 15 MOTHER'S MAIDEN N	y Mardy
BALTIMORE,		DECEASED EVER IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE		M. 125 Bishoplive
ST., BALT		18. CAUSE OF DEATH (Enter only one cause PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	Condial language	y and and
201 W. PRESTON The thor the death of The please remove carb Windly commented. 4. Y. or other traumonic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	O, OR AS A CONSEQUENCE OF ATTENDED TO THE TERM	leusice and disease
DIVISION OF VITAL RECORDS, Ordending physician. The law requir other ding physician. The same has certificate has been sign as the Burilathrough permit. The hand Mentral Hygiene prior to be made or them 18 shows any injur	CERTIFICATION	19a DATE OF OPERATION 19b CO	ONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
I OF VITA G physics or efficate risolations risolation		216. ACCIDENT WAS UNDERLYING	AE OF INJURY R. A.M. MONTH DAY YEAR P.M. 19	RED (ENTER NATURE OF INJURY IN ITEM TO PART I OR PART 2)
NO PHYSION NG PHYSION The Ibb Th	MEDICAL		ACE OF INJURY 21 LOCATION STREET STREET FACTORY, OFFICE, FARMLETC.)	CITY OR TOWN COUNTY STATE
TENDS TOR A TOR A ter use of Health		270 I certify that (1) (this haspital) attende saw the deceased alive an above, (If (i/e) (did) (did not) view the b		, ta, 19, that (I) (we) last death accurred an the date and haur and from the causes stated
OR A do by the hosy NNERAL DIRECT COR A do by the hosy Corner Cor		77h SIGNATURE	DEGREE	MEDICAL STAFF 1-21-87
O HOSPITAL stained by the Control of the State whould be defined the State who REALLINESTATE.		SEEN	1 VASA-V, mp 220 ADDRESS, BOB Hamm	unds law, RALTO, Hd, 21225
91 241 3	730.	L, CREMATION, REMOVAL 23b. DATE	231. NAME OF CEMETERY OR CREMATORY	- Elendel Howard Mil
DHMH - 16 50M 4/83 (VRA 15, 4)	74. 5	Furnell B. Od	En- 163 Phildfill I	N 23 1987 Julia Danier Residente



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JIMIL VI MANILAND	OF MARYLAND
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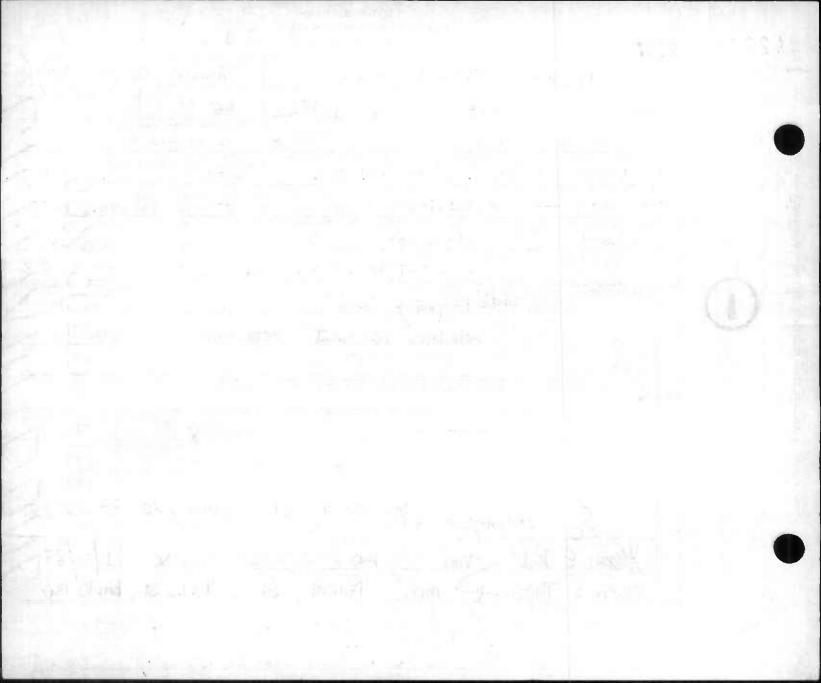
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 7 REG.	NO.	0	1	1	9	100
TE OF DEATH	MONTH		DAY	YEAR	25 HOUR	

AN	30	REGISTRAR			CERTIF	ICATE OF DEA	TH	8 REG. N	o. ()	1 /	7	7
		CEASED NAME FIRST		Wirginia	11	Me.		20. DATE OF DEATH JANUAR	MONTH DI	1001	26 HOUR 1226	2/m
	3. SE)		1. RACE WHIT	E	5. DATE (32	6. AGE (IN YEARS LAST BIR	YRS.	FUNDER I YEAR		HRS MIN.
6		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARI	RIED 🗆	Baltimore City o	_	OF DEATH		MD.
0		altimore	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUT		17e USUAL OCCUPATI (TYPE OF WORK FOR MOST O Weaver	ON		r BUSINESS rief	~
6	13a. S	at residence (if nursing ho. state aryland 13b C	ME OR OTHER INSTITUTION	Bal timo	re re	13d. INSIDE CITY L	IMITS?	13e STREET ADDRESS 2238 Si	zip code dney	Ave.,	212	30
8	160 V	ATHER'S NAME Edward WAS DECEASED EVER IN U.S	MIDDLE ARMED FORCES?	Kinnamo		15. MOTHER'S MA FIRST Eth 17. INFORMANT		Mar Mar		McS	hane	
	()		S. GIVE WAR OR DATES)	218-28-			eth	G. Callah	an	Same		13
		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: CAUSE (o) PROPINATORY AREA IMMEDIATE CAUSE (o) PROPINATORY AREA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF									aths.	ATH.
7	CERTIFICATION	PART 2. OTHER SIGNIFICA		DNTRIBUTING TO D				200 AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED	?
7	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O (15 EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	MINER) HOUR A. 21e. PLACE	M. MONTH DA' M. OF INJURY	19	211 LOCATION	Y OCCURRE	D (ENTER NATURE OF HUJUI	RY IN ITEM 18 PA	RT I OR PART 2)		
	ME	while NOT WHILE AT WORK 220.1 certify that (1) this is sow the deceased always above, (1) (60) (did) (d	haspital) attended th	e deceased from	ANU		9 87 apinian de	, to JANUAL eath occurred on the de	420,	9 87 and from the	that (I) e	Dast
		Hum E.	YUU TYPE OR PRINT)	VMD.	V		NDING SICIAN []	MEDICAL STAI		1 72c	SIGNED 87	
	23a E	BURIAL, CREMATION, REMO (SPECIFY) Burial	YAD 136 DATE 1/23	7		DEATON CREATERY OR CREATERY OF	AATORY Cem.	23d LOCATION CITY OF TOWN Bal timo	re. M	COUNTY larvla	nd STAT	TE
	1	uneral director ccully Fune	237 E. eral Home	Patansco es Balto	v A c	e.,	25a DATE	REC'D. BY REGISTRAR	256 REGISTR			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	1	8	0	U
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· Mr. Landald.

21	87	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	IENE 8 7	0	1 8	0 0	
lles j		CEASED NAME FIRST	N	NIDDLE	l	AST	26. DATE OF DEATH	MONTH DAY		26. HOUR	_
	0.00	Elsie		herine	v ·	ung	1.05	1 14	UNDER TYEAR	5:30 P	M
	3. SE	/.	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR		VIHS DAYS	HOURS MIN	-
1	76 B)	Female	White	VHAT COUNTRY?	July	2, 1901	9. BALTIMORE CITY O	YRS.	EDEATH		_
U	(Maryland	U.S.A			D NEVER MARRIED			PUCAIN		
2		ITY OR TOWN OF DEATH			WIDOWE IG HOME C	DR OTHER INSTITUTION	Baltimore		12h KIND OF	BUSINESS O	D.
-/	n	al hid mawa		Memoria		nital	Homemaker		INDUSTRY		
The same	U5U/ 13a. S	altimore AL RESIDENCE (IF NURSING HOME OF STATE TISB. COUR aryland	OTHER INSTITUTION.		ADMISSION)	13d. INSIDE CITY LIMITS?	13e.SIREET ADDRESS / 5218 York	ZIP CODE	21 21 2		-
2	14. FA	ATHER'S NAME FIRST Charles	WIDDLE	Hopkin	s	IS. MOTHER'S MAIDEN NAME FIRST Margaret			IAST	nkler	-
	16a. V	VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECU		17 INFORMANT	ADDRE	SS			
	(,	YES NO OR UNKNOWN) (IF YES, GN	E WAR OR DATES)	220-44-	6552	M.A. Young 55	Independen	ce Way	07961		
	NO	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR DUE TO, OR DUE TO, OR (c)	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM		DITION GIVEN	IN PART 1(o		
7	CERTIFICATION	190 DATE OF OPERATION	ION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	VERE FINDIN			
7		210. ACCIDENT WAS UNDERLYING. OR CONTRIBUTING. CAUSE OF DE	HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR		RY IN ITEM 18 PART	OR PART 2)		
	MEDICAL	ZId INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY SET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		220. I certify that (I) (this hospi saw the deceased alive on above, (I) (we) (did) (did na 22b. SIGNATURE	1/19	19_0		nd that in (my) (our) apinion of DEGREE	✓MEDICAL STAF	F	22c DATES		<u>-</u>
		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	n, MO		PHYSICIAN 2 27e. ADDRESS —Mem Union	Director Physic		1 //		_
	C	BURIAL, CREMATION, REMOVAL (SPECIFY) remation	236 DATE 1-16-8		reenm		Baltimor			lary lar	ıd
		uneral director t•ĥell-Wiedefel	d Home 6	500 York	Road		REC'D. BY REGISTRAN	ZSb. REGISTRA	R'S SIGNATU	RE	=

DHMH - 16 60M 7/B4 (VRA 15, 4)



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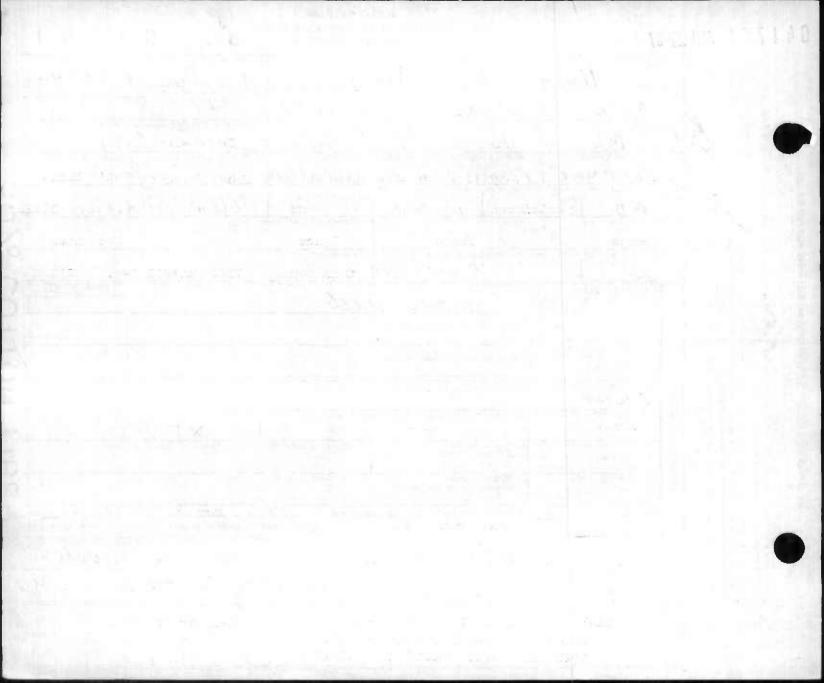
141754 JAN	27-	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 REG. N	0	1 3)
oge 3	{ TYPE	CEASED NAME FIRST HARRY	J.	P -	'ng	20 DATE OF DEATH / / 6 AGE (IN YEARS LAST BI	MONTH DAY	0 877	30 A M
ogs 4 m	3.56	Male	White	5 DATE (2 DAY Y YEAR 89	97	YRS	NIHS DAYS HO	URS MIN.
Or A Pool	3	COLMATRY) MA	b. CITIZEN OF WHAT COUN	MARRIE	D DIVORCED	Baltimore City of	tore C	ity	MD.
1 1 1 1 1 1	1	Baltimore	1. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE FRUNCIS SC	OH KRY	Medical Center	170 USUAL OCCUPAT TYPE OF WORK FOR MOST 2 Sour / Set	OF WORKING LIFE)	IZE KIND OF BUINDUSTRY Ret'd Ex	
AND 21	13a. :		TY 13c C(TY OR			13e.STREET ADDRESS	I ZIP CODE	lvenue	21222
MARYLAND 2 red within 24 h ompterely filled and 2 should b	2	George	IDDLE LAS		Agnes	WIDDLE		Not Kno	own
BALTIMORE, cots be execut picinn and co appear. Pages 1 in IV medical		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN)		07-2308	17 INFORMANT Cora Young	7300 Ma	rtell A		21222
2 2 2 2		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: PAIN	a condició	11256			APPROXIMATE BETWEEN ONSE	INTERVAL LAND DEATH
that the disertern state that the disertern state that the anti-disertern state of the state of		Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS						
equires equires Then plant injury, a	NOL	PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing</u>	G TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	IDITION GIVEN	IN PART Tra	
At RECO	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	YES NO		VERE FINDINGS NG CAUSES OF I	
DIVISION OF VITAL RECORDS, 201 PIG PHYSICIAN: The low requires the otherwise discuss the this certificate has been signed as the bursicitional permit. Then pick the and Mental Hygerie prior to bursicial managements of the second mental management of the pick of the second mental management of the second mental mental management of the second mental	P 16.7	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 PARI	ORPART 2)	
IVISION acc PHYS acc	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY LAT HOME STREET, FACTORY, O	FFICE, FARM ETC)	21f LOCATION STREET	CITY OR TO	DWN	COUNTY	STATE
Difference of ATENDRA of ATENDRA of ATENDRA of ATENDRA of ATENDRA of Health		220.1 certify that (I) (this haspite saw the deceased alive on above. (I) (we) (did) (did not 22b. SIGNATURE	1mm 20	19 87 , ai	nd that in (my) (our) apinion of DEGREE ATTENDING				
O HOSPITAL O HOSPITAL O FUNERAL hauld be deter		SUZANNE (TYPE OR SUZANNE H	PRINT) OLROYD 1	10	PHYSICIAN [22e ADDRESS Fromcis Score	DIRECTOR PHYSI	CIAN	Baltimo	R MC
BP SETS		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236 DATE 1-23-87	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION Baltimor	e Maryl	and	STATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

74 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk 7922 Wise Ave. Dundalk, MD 21222

DHMH - 16 60M 7/84

(VRA 15, 4)



TATE OF MADVIAND

JIAIL OF MI	AKILAND	
DEPARTMENT OF HEALTH	AND MENTAL	HYGIENE
CERTIFICATE	OF DEATH	

Young

	8 REG.	10.) !	9	U	4
20. D	ATE OF DEATH	MONTH	13/	87	10 HOL	DR.
6. AG	E (IN YEARS LAST B	IRTHDAY)		RIYEAR	IF UNDER	
	76		MONTHS	DAYS	HOURS '	MIN.

Female	Cauc.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?
Balto., Md.	USA

Mildred

4 RACE

MARRIED NEVER MARRIED WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

mo71/29/10

Raltimore City 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker

13e STREET ADDRESS / ZIP CODE

BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR

Baltimore

10. CITY OR TOWN OF DEATH

13c. CITY OR TOWN Balto.

Union Memorial Hospital

113d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

5008 Remmell Ave. 21206

14. FATHER'S NAME

130 STATE

IFICATION

CERT

MEDICAL

Hem 18

or

MPORTANT.

Md.

STATE REGISTRAR DECEASED NAME (TYPE OR PRINTS

3 SEX

George F. Nieberlein

136 COUNTY

17. INFORMANT 16b SOCIAL SECURITY NO.

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATES! No

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gave rise to immediate couse (0), stating

underlying cause

190 DATE OF OPERATION

215-50-648

Thomas Young, (Husband) same address

Annie Winks

18 CAUSE OF DEATH (Enter only one couse per line for DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196, CONDITION FOR WHICH OPERATION WAS PERFORMED

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	-
21d INJURY OCCURRED	Ī

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

Te PLACE OF INJURY

NOIN 216. HOW INJURY OCCURRED (ENTER NATURE OF

28a AUTOPSY?

AT HOME STREET, FACTORY, OFFICE, FARM ETC) AT WORK NOT WHILE 22a.1 certify that (1) (this haspital) attended, the deceased from

IMMEDIATE CAUSE (O.

21f. LOCATION

COUNTY STATE

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

saw the deceased alive an_ abave, (1) (we) (did) (did not) view the body after death 226 SIGNATURE

ATTENDING PHYSICIAN

MEDICAL STAFF

and that in (my) (aur) opinion death accurred on the date and have and from the causes stated

22c. DALE SIGNE

Susan Dumsha

22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY

Union Memorial Hospital 23d LOCATION

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL CREMATION, REMOVAL 23b DATE Burial 1/17/87

Oaklawn Cemetery

Balto., Md. 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

24 Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto., Md.

21213

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little grow (pigomy), myline

director, page 3

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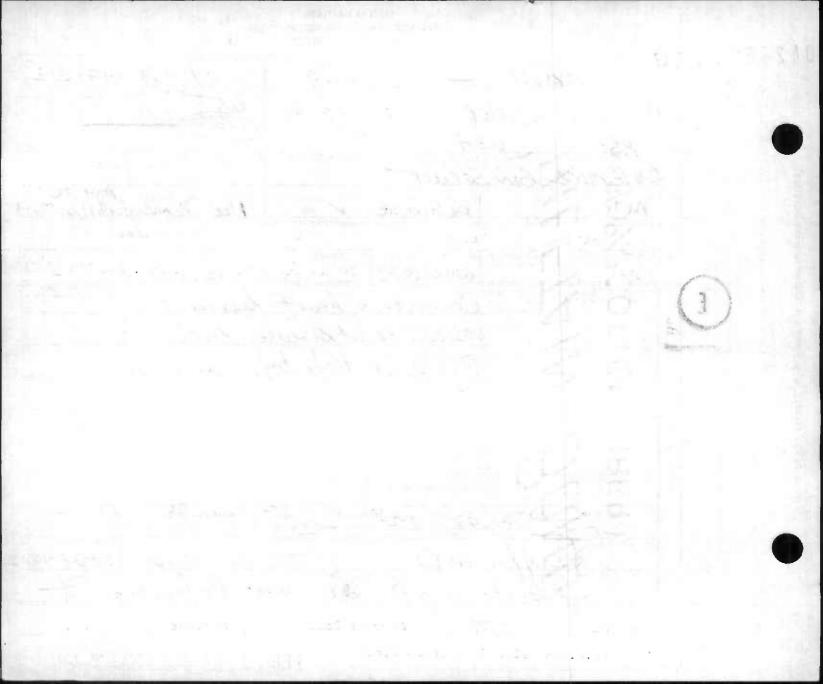
STATE	OF M	ARYL	AND	
T OF HE	ALTH	AND	MENTAL	8.83

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8	REG. NO.	(
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	1 -	STATE REGISTRAR		DEPAK		ICATE OF DEATH	GIENE 8	REG. NO.	1 8	0	ú
	I. DEG	PEASED NAME OR PRINTING	101/1 "	DDLE		Young OUNG	20. DATE OF DE	ol - Zi	8-1987	26 HOL	00 1
1	3. SEX	Make-	BLAC	E	5. DATE C		6. AGE (IN YEAR	YRS	MONTHS DAYS	HQURS	MIN.
5		Md A	US	HAT COUNTRY	WIDOWE			CITY OR COUNT	IV OF DEATH	bo.	MD.
4	10 CT	Og (fimore)		OSPITAL, NURS EACHLITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAŁ OCI (TYPE OF WORK FO	CUPATION R MOST OF WORKING		OF BUSIN	ESS OR
5	13a. S	MD		IVE RESIDENCE BEFOR		13d INSIDECITY LIMITS?	100	PE NVS	. / . X	126	Dre
		THER'S NAME William		oung		15. MOTHER'S MAIDEN N			omas "	AST	
1		VAS DECEASED EVER IN U.S. ARM TES, NO OR UNINOWN) (IF YES, GIVE	ED FORCES? WAR OR DATES)	219 01	1030	Fannie You	ng 1100 P	enn. Ave			
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY.	on 6)	25TIV	e heart	Diseo	2e ^	APPRO BETWEEN	XIMATE INTE	RVAL DEATH
	17 17 17 17 17 17 17 17 17 17 17 17 17 1	Conditions, if any, which	DUE TO, OR	ALVILO.	VENCE OF	art Disea	se in	d			
		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR	ASA CONSEQUE	SEUVE	Metastr	Hic Co	re(Non	à		
	NOI	PART 2. OTHER SIGNIFICANT CO	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE O	R CONDITION G	IVEN IN PART 1	(0	
9	CERTIFICATION	19a. DATE OF OPERATION	196. CONDIT	ION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPS YES □ N	IN CERT	ES, WERE FIND TIFYING CAUSE YES []		TH?
7		210, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF HOUR A.M P.M	. MONTH	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTERNATURI	OF INJURY IN ITEM 18	PART I OR PART 2)		
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21a. PLACE O	F INJURY ET. FACTORY, OFFICE	, FARM, ETC)	211 LOCATION STREET		ITY OR TOWN	COUNTY		STATE
		22a. certify that (this hospital saw the decreased alive on	attended the	28 19	12-1-	nd that in (my) (out opinio	T, to JA	n the date and he	19	, tha r (fr é e couses st	e Dast
		22b. SIGNATURE	eli	mC)	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN 2	221. DAT	E SIGNED	-1987
		22d. PHYSICIAN'S NAME TIME OF	to ff	inn	nD.	22e. ADDRESS	lest B	altun	dre	57	
		Burial Burial	23b. DATE 2/2			EMETERY OR CREMATORY	CITY OR 1	outus	COUNTY	Md.	5TATE
4	24 FL	NERAL DIRECTOR Chas.A.Rice	FSPA 1	300 E UC:	aw Pla		ATE REC'D. BY REG	ISTRAR 25b. REGIS	STRAR'S SIGNA	TURE	

DHMH - 16 60M 7/8 (VRA 15, 4)

MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other traum



requires that the death certificate be executed within 24 hours oft

ATTENDING PHYSICIAN: The low

042606

STA	TE OF M	ARYL	AND	
DEPARTMENT OF	HEALTH	AND	MENTAL	HYGIENE
CERTI	FICATE	OF I	DEATH	

ENE	8	REG.	NO.	0	1	3	U	E
20 DA	TE OF (DEATH	MONTH	DAY	1	EAR	26 HOUR	
	Jan		27.	1	98	7		
6. AGE	(IN YEA	RS LAST	BIRTHDAY)	16	UNDER	1 YEAR	IF UNDER 24	HRS

	STATE				CERTIF	ICATE OF DEATH		B REG. N	0.	-1 0	, 0	t-m
	EASED NAME	FIRST	1	MIDDLE	L	AST	2	O DATE OF DEATH	MONTH	DAY YEAR	2b HO	UR
11116	OR PRINT!	Pete	r		7,16	encik		Jan.	27.	1987		M
3 SEX		4	RACE		5. DATE C			AGE (IN YEARS LAST BIR		MONTHS BAYS		R 24 HRS
	Male	2	Whit	е	wood	11771917	AR .	69	YRS	MONTHS	HOURS	MIN.
	THPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIE	9	BALTIMORE CITY	R COUNTY			
CC	Pen	na.	USA		WIDOWE			Baltim	ore C	ity		ME
	y or town of DEA altimore	тн 1			IG HOME C	or other institution	N 12	Ret. Car		126. KIND (INDUSTRY C/ROS	of Busin	VESS OR
	residence (# NURSI Tyland	NG HOME OR OT		Balti		13d. INSIDE CITY LIMI	ITS? 13	STREET ADDRESS	zipcode zeľ S	t.Bal	1226 to.	Md.
14 FAT	THER'S NAME		0015	LAST		15. MOTHER'S MAIDE	ENNAME					
	John	MI	DDLE	Zien	cik	Anna		WIODE		Szyma	nska nska	a
	AS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT		ADDR	ESS PO		32	
{YE	ES. NO OR UNKNOWN) Yes	WA 2	WAR OR OATES)	210-01	-8064	Michael	TO.			us, A		7282
	PART 2 OTHER SIGN	lost HFICANT CO	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE	E TERMIN.	AL DISEASE OR CON	DITION GIV	EN IN PART 1	10	
CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		YING CAUSE		
4	210, ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY O	CCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 P	ART OR PART 2)		
Me.	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ALE	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	FARM ETC }	ZII LOCATION STREET	-i	CITY OR TO	WN	COUNTY		STATE
	220-1 certify that (1) sow the december above, (1) (we) (d	d olive on_	- 7	18 19	/	d 19_	pinion dec	, tooth occurred on the d	ote and hou			tated
	226. SIGNATURE	AAE (Nos con	()			DEGREE ATTENDI PHYSICI 22e ADDRESS	ING IAN	MEDICAL STA	FF CIAN []	IN DAT	28/8	7
	(OEN	(1.	15	NRIT	2	300/3	5.1	MNOVER	57.	BALT	202	123
	URIAL, CREMATION,		23b. DATE	1		EMETERY OR CREMAT		23d LOCATION CITY OR TOWN		COUNTY		STATE
	Buria	1上	1/30,	/87 H	oly (cross Cem	eter	v Ralt:	imore	. A . A	CC)

BP

10 FUNERAL DIRECTOR. After this certificate has been signed by the ottending physiological completely tilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Tages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

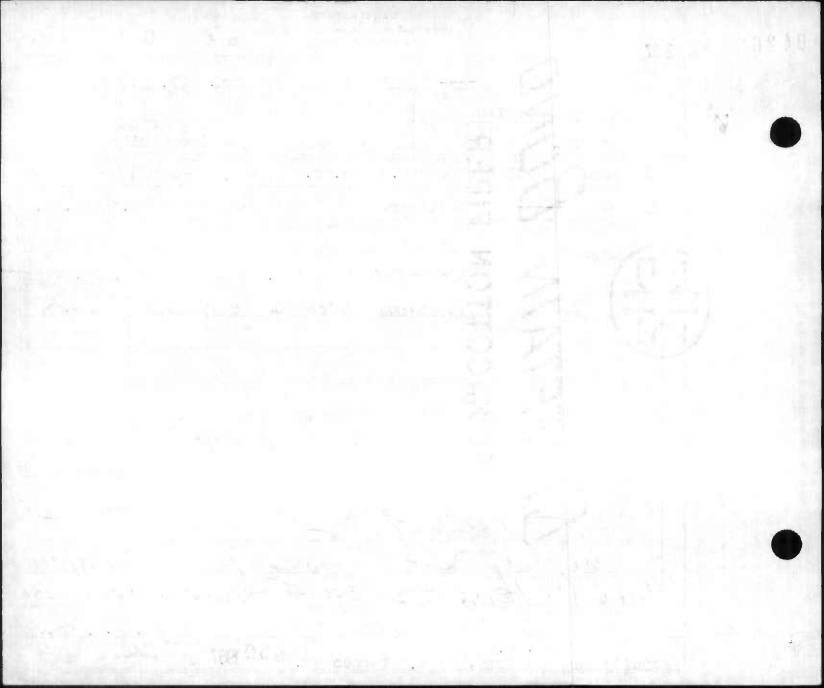
FOR

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR Balto.Md.21225 CORRESS
MCCully Funeral Home, 237 E. Patapsco 24 FUNERAL DIRECTOR

AVJAN 30

BY REGISTRAR 256, REGISTRAR'S SIGNATURE



FUNERAL Sold be detail that he State I 27d, PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT shoul with t 0 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE BP BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

2b. HOUR

126 VIND OF BUSINESS OR

AMEL. CAN. CO

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO C

STATE

YES [

MEDICAL

STAFF

DIRECTOR PHYSICIAN

ATTENDING

PHYSICIAN (

COUNTY

22c DATE SIGNED

IF UNDER TYFAR

INDUSTRY

15

IF LINDER 21 HRS.

